Item 12



Travis County Commissioners Court Agenda Request

Meeting Date: July 10, 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 \$755,828.07, for the period of June 22 to June 28, 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 \$755,828.07.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) - \$755,828.07

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:	July 10, 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 22, 2012 to June 28, 2012
REIMBURSEMENT REQUESTED FOR THIS PERIOD:	\$755,828.07
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 \$755,828.07.

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 22, 2012 TO JUNE 28, 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: TO: FROM: COUNTY DEPT. July 10, 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:

June 22, 2012 June 28, 2012

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

REIMBURSEMENT REQUESTED:

\$ 755,828.07

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$	1,908,582.81
	\$	(2,850.00)
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: July 3, 2012	\$	(1,166,906.80)
October 5, 2010 adj	\$	135.10
Adjust to balance per UHC	\$	0.17
AJE Correction - Vision Payment 6/1/2012	Ś	16,866,79
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$	755,828.07
PAYMENTS DEEMED NOT REIMBURSABLE	\$	-
TRANSFER OF FUNDS REQUESTED:	\$	755,828.07

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

All claims over \$25,000 (5 this week totaling \$168,237.16) 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 (\$94,325.98) 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 from Sun Life total \$103,772.67.

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.

Poirot, Director, Date

Dan Mansour, Risk Manager

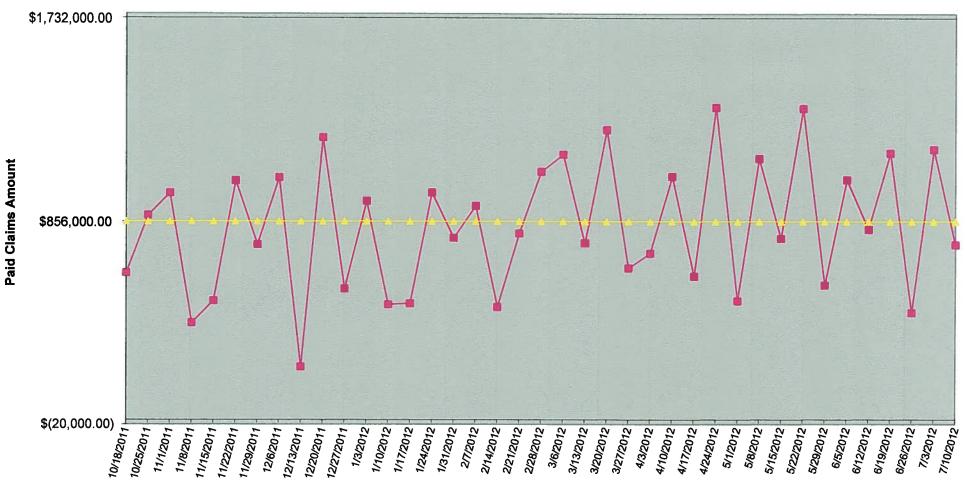
Cindy Purinton/Benefit Contract Administrator

Norman Del 4/29 /12 Date 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.

Date

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



Commissioners Court Date

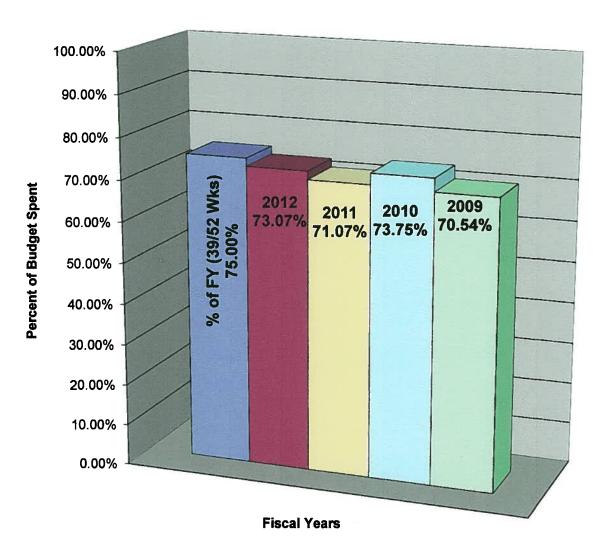
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Travis County Employee Benefit Plan FY12 Weekly Paid Claims VS Weekly Budgeted Amount

W k	Period from	Period To	Voting Session Date	Pd Claims Request Amount	Budgeted Weekly Claims	# of Large Claims	Total of Large Claims	FY 2012 % of Budget Spent	FY 2011 % of Budget 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	\$ -	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	11/18/2011	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	12/2/2011	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	\$ <u>923,174.33</u>	\$ 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%
<u>20</u> 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%
22	2/17/2012 2/24/2012	2/23/2012 3/1/2012	3/6/2012 3/13/2012	\$ 1,144,590.00 \$ 763,227.16	\$ 856,615.23	3	\$ 269,470.27	36.83%	37.01%
23	3/2/2012	3/8/2012	3/20/2012		\$ 856,615.23 \$ 856,615.23	2	\$ 152,289.82 \$ 222,757,06	38.55%	39.34%
23	3/9/2012	3/15/2012	3/27/2012	\$ 1,251,959.32 \$ 654,180.98	\$ 856,615.23 \$ 856,615.23	4	\$ 222,757.96 \$ 27.512.35	41.36%	41.06%
25	3/16/2012	3/22/2012	4/3/2012	\$ 718,070.63	\$ 856,615.23 \$ 856,615.23	4		42.83%	43.45%
26	3/23/2012	3/29/2012	4/10/2012	\$ 1,049,553.56	\$ 856,615.23	2		44.44%	45.18%
27	3/30/2012	4/5/2012	4/17/2012	\$ 620,075.83	\$ 856,615.23	<u> </u>	\$ 65,033.32 \$ 52,789.64	46.79% 48.19%	47.71% 49.31%
28	4/6/2012	4/12/2012	4/24/2012	\$ 1,347,518.33	\$ 856,615.23	4	\$ 251,686.20	40.19% 51.21%	<u>49.31%</u> 52.13%
29	4/13/2012	4/19/2012	5/1/2012	\$ 512,438.99	\$ 856,615.23	1	\$ 28,723.77	52.36%	53.14%
30	4/20/2012	4/26/2012	5/8/2012	\$ 1,126,915.90	\$ 856,615.23	2	\$ 93,065.85	54.89%	55.40%
31	4/27/2012	= 5/3/2012	5/15/2012	\$ 782,524.92	\$ 856,615.23	4	\$ 272,823.44	56.65%	56.70%
32	5/4/2012	5/10/2012	5/22/2012	\$ 1,343,226.16	\$ 856,615.23	4	\$ 169,781.89	59.66%	59.04%
33	5/11/2012	5/17/2012	5/29/2012	\$ 581,500.19	\$ 856,615.23	1	\$ 30,230.00	60.97%	60.53%
34	5/18/2012	5/24/2012	6/5/2012	\$ 1,036,119.69	\$ 856,615.23	1	\$ 25,818.58	63.30%	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	\$ -	68.76%	67.17%
38	6/15/2012	6/21/2012	7/3/2012	\$ 1,166,906.80	\$ 856,615.23	3	\$ 179,252.35	71.38%	70.70%
39	6/22/2012	6/28/2012	7/10/2012	\$ 755,828.07		5	\$ 168,237.16	73.07%	71.07%
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		Paid & Budgeted Claims to Date \$ 32,550,493.6							
			laime less Total W		¢ 00,407,504.00				

Paid Claims less Total Weekly Budget \$ (857,500.34)

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 39

Norman McRee

From: Sent: To: Subject: SIFSFAX@UHC.COM Friday, June 29, 2012 12:45 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: 2012-06-29 REQUEST AMOUNT: \$1,908,582.81

CUSTOMER ID: 00000701254 CONTRACT NUMBER: 00701254 00709445 BANK ACCOUNT NUMBER: 0475012038 FUNDING FUNDING FREQUENCY: FRIDAY INITIATOR: CUST METHOD: ACH BASIS: BALANCE

CALCULATION OF REQUEST AMOUNT

+ ENDING BANK ACCOUNT BALANCE FROM: 2012-06-28 \$804,063.93 - REQUIRED BALANCE TO BE MAINTAINED: \$2,668,041.00 + PRIOR DAY REQUEST: \$00.00 = UNDER DEPOSIT: \$1,863,977.07 + CURRENT DAY NET CHARGE: \$44,605.74 + FUNDING ADJUSTMENTS: \$00.00 REQUEST AMOUNT: \$1,908,582.81

ACTIVITY FOR WORK DAY: 2012-06-22

CUST		NON	NET
PLAN	CLAIM	CLAIM	CHARGE
0632	\$30,973.92	\$00.00	\$30,973.92
TOTAL:	\$30,973.92	\$00.00	\$30,973.92

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_06_28

CONTR_NBR	PLN_ID	TRANS_AMT SF	RS_DESG_NBR	CHK_NBR	GRP_ID	CLM ACCT NBR	ISS DT	TRANS TYP CD	TRANS DT	WK END DT
701254	632	\$0.15		91469042	AH	[—] 11 [—]	6/22/2012	100	6/26/2012	6/28/2012
701254	632	\$0.13	QG	91469042	AH	11	6/22/2012	100	6/26/2012	6/28/2012
701254	632	\$0.13	QG	40983876	AH	3	6/26/2012	100	6/28/2012	6/28/2012
701254	632	\$0.04	QG	91469042	AH	11	6/22/2012	100	6/26/2012	6/28/2012
701254	632	\$0.02	QG	91469042	AH	11	6/22/2012	100	6/26/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AH	1	6/25/2012	100	6/27/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AH	1	6/25/2012	100	6/27/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AH	6	6/25/2012	100	6/27/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AH	1	6/25/2012	100	6/27/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AH	1	6/25/2012	100	6/27/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AH	8	6/25/2012	100	6/27/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AH	9	6/25/2012	100	6/27/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AA	5	6/25/2012	100	6/27/2012	6/28/2012
701254	632	\$0.01	QG	10992291	AE	8	6/25/2012	100	6/27/2012	6/28/2012
701254	632	-\$1.00	QG	60831060	AE	3	4/4/2012	50	6/27/2012	6/28/2012
701254	632	-\$78.29	QG	20839935	AE	8	4/6/2012	50	6/25/2012	6/28/2012
701254	632	-\$104.00	PH	62844232	AH	5	1/13/2012	50	6/25/2012	6/28/2012
701254	632	-\$176.00	QG	90994635	AH	1	6/23/2012	50	6/29/2012	6/28/2012
701254	632	-\$7,303.28	QG	91300215	AH	4	6/20/2012	50	6/26/2012	6/28/2012

755,828.07

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Travis County Hospital and Insurance Fund - County Employees

UHC Payments Deemed Not Reimbursable

For the payment week ending: 06/28/2012

CONTR_# TRANS_AMT_SRS_CHK_# CLAIM TRANS GRP_ACCT#_ISS_DATE CODE TRANS_DATE

Total: \$0.00

Travis County - Employee Health Benefits Fund (526)

Journal Entry for the Reimbursement to United Health Care

For the payment week ending: 6/28/2012

Туре	EE/RR	EE/RR Cost Center G/L Account			nsaction mount	
CEPO	EE	1110068956	516010	\$:	L18,883.46	
	RR	1110068956	516110	\$	2,797.90	
			Total CEPO		:	\$ 121,681.36
EPO	EE	1110068956	516030	\$:	146,437.35	
	RR	1110068956	516130	\$	7,104.01	
			Total EPO		:	\$ 153,541.36
PPO	EE	1110068956	516020	\$ 4	\$27,826.87	
	RR	1110068956	516120	\$	52,778.48	
			Total PPO		;	\$ 480,605.35
			Grand Total		:	\$ 755,828.07