

Travis County Commissioners Court Agenda Request

Meeting Date: July 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 \$1,129,219.55, for the period of July 6 to July 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 \$1,129,219.55.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) - \$1,129,219.55

REQUIRED AUTHORIZATIONS:

John Rabb, 854-2742 Diane Blankenship, 854-9170 Jessica Rio, 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:

July 24, 2012

TO:

Members of the Travis County Commissioners Court

FROM:

John Rabb, Benefits 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:

July 6, 2012 to July 12, 2012

REIMBURSEMENT REQUESTED

FOR THIS PERIOD:

\$1,129,219.55

HRMD RECOMMENDATION:

The Director or Benefits 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 \$1,129,219.55.

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

JULY 6, 2012 TO JULY 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.

TRAVIS COUNTY RECOMMENDATION FOR TRANSFER OF FUNDS

DATE: TO: July 24, 2012

Susan Spataro, County Auditor

FROM:

Norman McRee, HR Financial Analyst

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: TO: July 6, 2012 July 12, 2012

REIMBURSEMENT REQUESTED:

\$ 1,129,219.55

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$	1,783,460.03
bank withdrawal correction	\$	(2,850.00)
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: July 17, 2012	\$	(668,392.54)
COMMINGUISTICS COOKIT. Suly 17, 2012	Ψ	(000,392.34)
October 5, 2010 adj	\$	135.10
Adjust to balance per UHC	\$	0.17
AJE Correction - Vision Payment 6/1/2012	\$	16,866.79
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$	1,129,219.55
PAYMENTS DEEMED NOT REIMBURSABLE	\$	-
TRANSFER OF FUNDS REQUESTED:	\$	1,129,219.55

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 \$171,162.10) 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 (\$143,878.95) 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.

Diana Poiret Director HPMD

Date

John Rabb, Benefits Manager

Date

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Date

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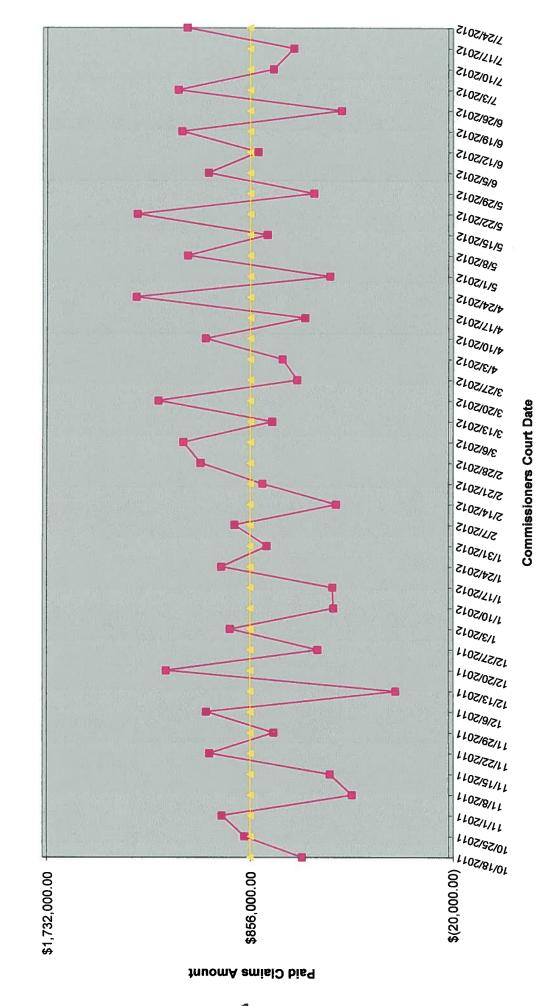
110/12

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

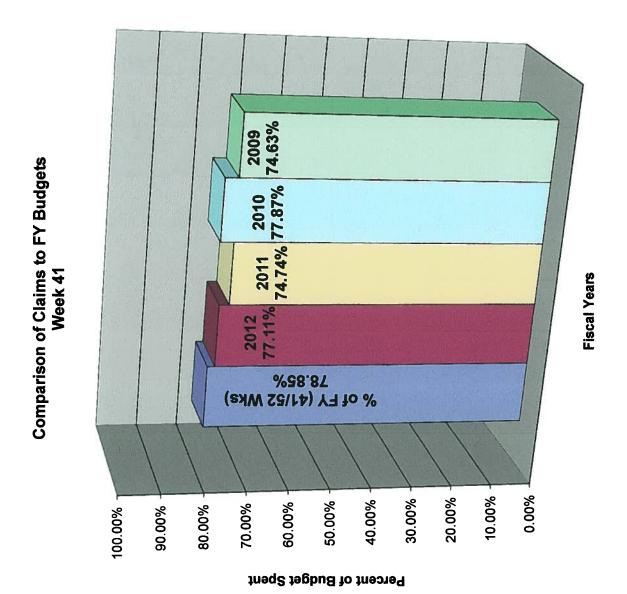


Travis County Employee Benefit Plan FY12 Weekly Paid Claims VS Weekly Budgeted Amount

W k	Period from	Period To	Voting Session Date	Pd Claims Request Amount	w	Budgeted eekly Claims	# of Large Claims	То	tal 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	\$	-1	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	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	\$	251,686.20	51.21%	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	\$	856,615.23	5	\$	168,237.16	73.07%	71.07%
	6/29/2012	7/5/2012	7/17/2012	\$ 668,392.54	\$	856,615.23	2	\$	95,790.71		73.00%
41	7/6/2012	7/12/2012	7/24/2012	\$ 1,129,219.55	\$	856,615.23	4	\$	171,162.10	77.11%	74.74%
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Paid & Budgeted Claims to Date	\$ 34,348,105.75	\$3	5,121,224.46
Paid Claims less Total W	\$	(773,118.71)	

note: Not predictive of impact on reserve, intended to show relationship of weekly claims cost to weekly budget.



Norman McRee

From:

SIFSFAX@UHC.COM

Sent:

Friday, July 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: 2012-07-13

REQUEST AMOUNT: \$1,783,460.03

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: 2012-07-12

\$923,272.52

- REQUIRED BALANCE TO BE MAINTAINED:

\$2,668,041.00

+ PRIOR DAY REQUEST:

\$00.00

= UNDER DEPOSIT:

\$1,744,768.48

+ CURRENT DAY NET CHARGE:

\$38,691.55

+ FUNDING ADJUSTMENTS:

\$00.00

REQUEST AMOUNT:

\$1,783,460.03

ACTIVITY FOR WORK DAY: 2012-07-06

CUST

NON

NET

PLAN

CLAIM

CLAIM

CHARGE

0632

\$41,558.29

\$00.00

\$41,558.29

TOTAL:

\$41,558.29

\$00.00

\$41,558.29

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_07_12

WK_END_DT 7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012
TRANS DT 7/10/2012	7/10/2012	7/10/2012	7/10/2012	7/10/2012	7/11/2012	7/10/2012	7/10/2012	7/11/2012	7/10/2012	7/13/2012	7/10/2012	7/10/2012	7/10/2012	7/10/2012	7/10/2012	7/10/2012	7/13/2012	7/10/2012
TRANS					20													
ISS DT 7/2/2012	7/2/2012	7/2/2012	7/2/2012	7/2/2012	4/23/2012	7/2/2012	7/2/2012	7/4/2012	7/2/2012	7/7/2012	7/2/2012	7/2/2012	7/2/2012	7/2/2012	7/2/2012	7/2/2012	7/7/2012	7/2/2012
CLM_ACCT_NBR 1	∞	_	5	2	_	2	-	ო	-	-	က	2	5	5	2	2	ဖ	7
GRP_ID	ΑE	Ā	Ā	ΑĒ	₹	ĄĘ	Ä	₹	AH	₹	₹	ЯE	≸	Ą	ЯĒ	ΑE	ΑH	ΑH
CHK NBR (44494	58885	10283	50072	47591	80868700	79381	48711	20521784	92699	70667506	22363	47588	93057	77391	47587	47590	10775874	82417
SRS_DESG_NBR A1	Ā	Ą	Ą	A1	9 0	Ą	Ą	စ္ခ	A F	90	Ą	A1	Ą	A1	Α1	A1	ဗ္ဗ	A 1
TRANS_AMT SRS_L -\$287.07	-\$300.42	-\$315.40	-\$316.37	-\$337.11	-\$362.90	-\$388.60	-\$388.60	-\$407.77	-\$420.29	-\$486.33	-\$488.81	-\$566.00	-\$630.14	-\$682.61	-\$733.35	-\$766.52	-\$935.00	-\$1,152.27
PLN ID T 632	632	632	632	632	632	632	632	632	632	632	632	632	632	632	632	632	632	632
α:					701254													

1,129,219.55

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

For the payment week ending: 07/12/2012

CONTR_# TRANS_AMT SRS CHK_#

CLAIM GRP ACCT# ISS_DATE

TRANS 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: 7/12/2012

Туре	EE/RR	Cost Center	G/L Account	Т	ransaction Amount	
СЕРО	EE	1110068956	516010	\$	127,884.12	
	RR	1110068956	516110	\$	16,632.59	
			Total CEPO			\$ 144,516.71
EPO	EE	1110068956	516030	\$	184,430.64	
	RR	1110068956	516130	\$	35,793.15	
			Total EPO			\$ 220,223.79
PPO	EE	1110068956	516020	\$	709,603.18	
	RR	1110068956	516120	\$	54,875.87	
			Total PPO			\$ 764,479.05
			Grand Total			\$ 1,129,219.55