



# Travis County Commissioners Court Agenda Request

**Meeting Date:** August 28, 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 \$705,900.25, for the period of August 10 to August 16, 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 \$705,900.25.

## ISSUES AND OPPORTUNITIES:

See attached.

## FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$705,900.25

## 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](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:** August 28, 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:** August 10, 2012 to August 16, 2012

**REIMBURSEMENT REQUESTED FOR THIS PERIOD:** \$705,900.25

**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 \$705,900.25.

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**  
**AUGUST 10, 2012 TO AUGUST 16, 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  
RECOMMENDATION FOR TRANSFER OF FUNDS

DATE: August 28, 2012  
 TO: 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: August 10, 2012  
 TO: August 16, 2012

**REIMBURSEMENT REQUESTED: \$ 705,900.25**

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 2,073,633.47
bank withdrawal correction	\$ (2,850.00)
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: August 21, 2012	\$ (1,381,884.98)
October 5, 2010 adj	\$ 135.10
Adjust to balance per UHC	\$ (0.13)
AJE Correction - Vision Payment 6/1/2012	\$ 16,866.79
<b>TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:</b>	<b>\$ 705,900.25</b>
 PAYMENTS DEEMED NOT REIMBURSABLE	 \$ -
<b>TRANSFER OF FUNDS REQUESTED:</b>	<b>\$ 705,900.25</b>

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

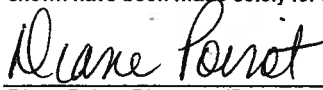
All claims over \$25,000 (3 this week totaling \$129,874.51) have been audited for data entry accuracy and the following information is correct for each claim audited: date of service, eligibility, nature of service, name of and amount billed by provider, amount billed by date and amount paid by UHC.


Fifteen percent (15%) of all claims under \$25,000 (\$90,782.93) 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 \$108,265.84.


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.

  
 Diane Poirot, Director, HRMD Date

  
 John Rabb, Benefits Manager Date 8/20/12

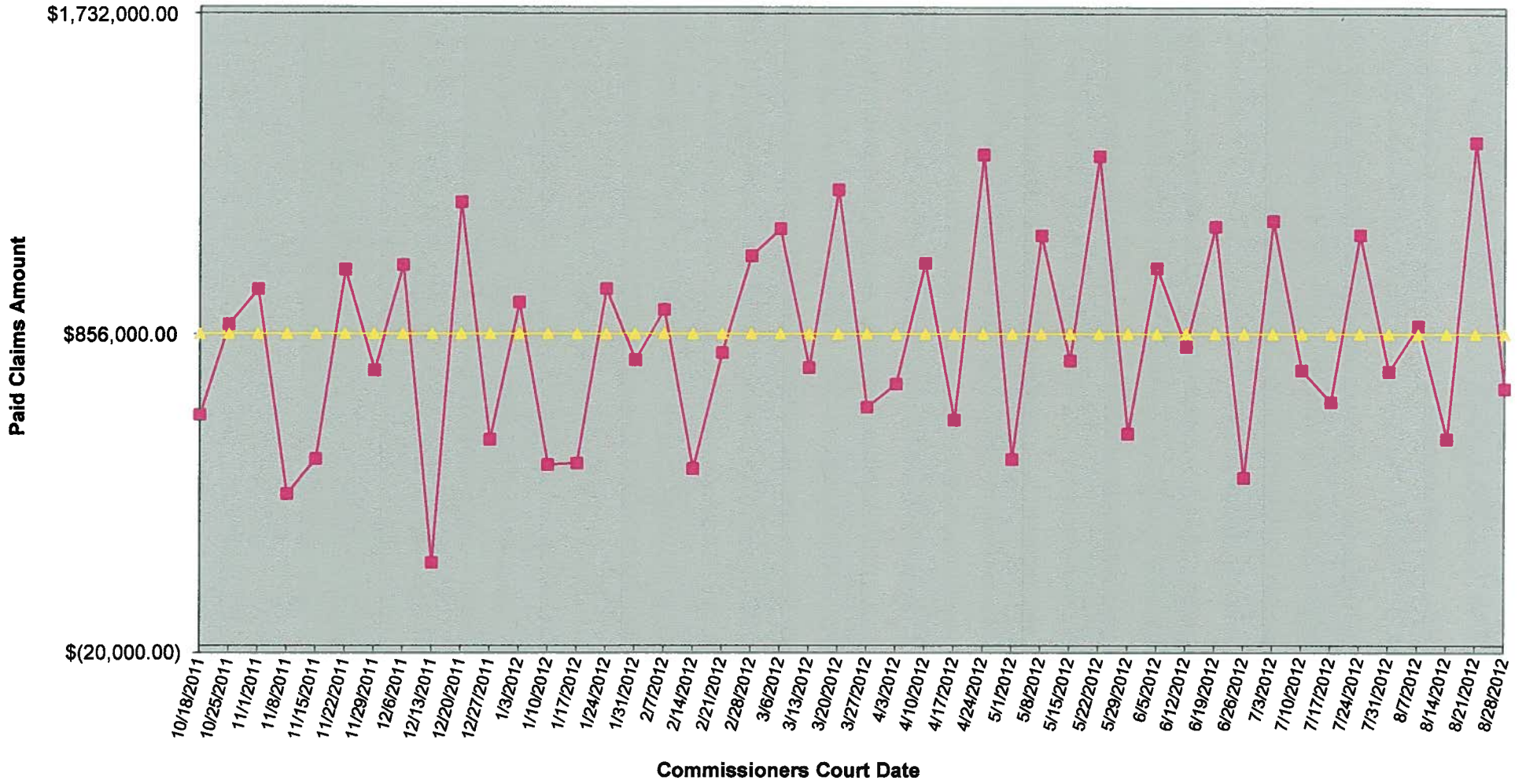
  
 Cindy Purinton, Benefit Contract Administrator Date 8/20/12

  
 Norman McRee, Financial Analyst Date 8/20/12

\*\* 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.

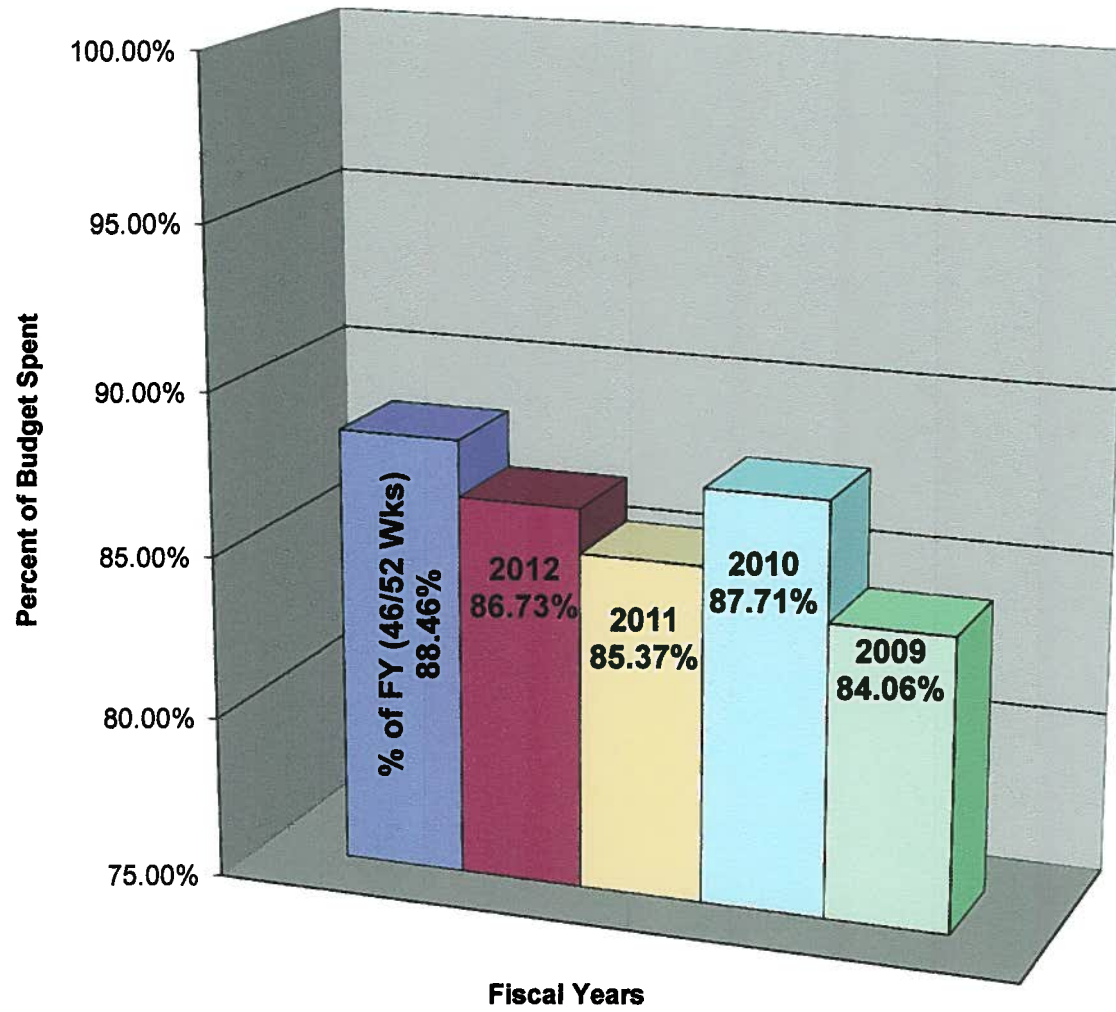
**Travis County Employee Benefit Plan  
FY12 Paid Claims vs Weekly Claims Budget of \$856,615.23**

2





### Comparison of Claims to FY Budgets Week 46



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**Norman McRee**

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**From:** SIFS FAX@UHC.COM  
**Sent:** Friday, August 17, 2012 1:10 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: 2012-08-17                      REQUEST AMOUNT: \$2,073,633.47

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: 2012-08-16              \$644,320.45  
- REQUIRED BALANCE TO BE MAINTAINED:              \$2,668,041.00  
+ PRIOR DAY REQUEST:              \$00.00  
  
= UNDER DEPOSIT:                      \$2,023,720.55  
  
+ CURRENT DAY NET CHARGE:              \$49,912.92  
+ FUNDING ADJUSTMENTS:              \$00.00  
  
REQUEST AMOUNT:              \$2,073,633.47

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ACTIVITY FOR WORK DAY: 2012-08-10

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$71,143.49	\$00.00	\$71,143.49
TOTAL:	\$71,143.49	\$00.00	\$71,143.49



UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012\_08\_09

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	\$ 0.01	QG	11079731	AA		1	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ 0.01	QG	11079731	AE		8	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ 0.01	QG	11079731	AE		9	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ 0.01	QG	11079731	AE		1	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ 0.01	QG	11079731	AH		9	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ 0.01	QG	11079731	AH		1	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ 0.01	QG	11079731	AH		5	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ 0.01	QG	11079731	AH		5	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ 0.01	QG	11079731	AH		7	8/13/2012	100	8/14/2012 8/16/2012
701254	632	\$ (20.00)	QG	20977081	AE		5	8/11/2012	50	8/16/2012 8/16/2012
701254	632	\$ (26.40)	QG	20906087	AH		6	8/8/2012	50	8/13/2012 8/16/2012
701254	632	\$ (30.00)	QG	20943445	AA		8	6/4/2012	50	8/13/2012 8/16/2012
701254	632	\$ (60.00)	QG	91396573	AE		9	5/25/2012	50	8/13/2012 8/16/2012
701254	632	\$ (85.52)	QG	91418671	AH		7	8/10/2012	50	8/15/2012 8/16/2012
701254	632	\$ (173.00)	QG	91231260	AH		1	8/7/2012	50	8/10/2012 8/16/2012
701254	632	\$ (173.35)	QG	30391608	AI		12	8/9/2012	50	8/14/2012 8/16/2012
701254	632	\$ (207.34)	PH	83836802	AH		1	4/25/2012	50	8/15/2012 8/16/2012
701254	632	\$ (276.00)	QG	91016898	AH		8	8/9/2012	50	8/14/2012 8/16/2012
701254	632	\$ (303.55)	QG	70922814	AE		9	5/18/2012	50	8/13/2012 8/16/2012
701254	632	\$ (5,061.87)	QG	91398707	AH		11	8/8/2012	50	8/13/2012 8/16/2012
		\$ 705,900.25								

9

# *Travis County Hospital and Insurance Fund - County Employees*

## *UHC Payments Deemed Not Reimbursable*

For the payment week ending: 08/16/2012

<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 - Employee Health Benefits Fund (526)

### Journal Entry for the Reimbursement to United Health Care

For the payment week ending: 8/16/2012

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Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 122,238.22
	RR	1110068956	516110	\$ 4,825.24
			<b>Total CEPO</b>	<b>\$ 127,063.46</b>
EPO	EE	1110068956	516030	\$ 120,866.08
	RR	1110068956	516130	\$ 15,752.50
			<b>Total EPO</b>	<b>\$ 136,618.58</b>
PPO	EE	1110068956	516020	\$ 402,052.77
	RR	1110068956	516120	\$ 40,165.44
			<b>Total PPO</b>	<b>\$ 442,218.21</b>
			<b>Grand Total</b>	<b>\$ 705,900.25</b>