



Travis County Commissioners Court Agenda Request

Meeting Date: September 25, 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 \$1,255,762.81, for the period of September 7 to September 13, 2012.

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

See attached.

STAFF RECOMMENDATIONS:

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 \$1,255,762.81.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$1,255,762.81

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: September 25, 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: September 7, 2012 to September 13, 2012

REIMBURSEMENT REQUESTED FOR THIS PERIOD: \$1,255,762.81

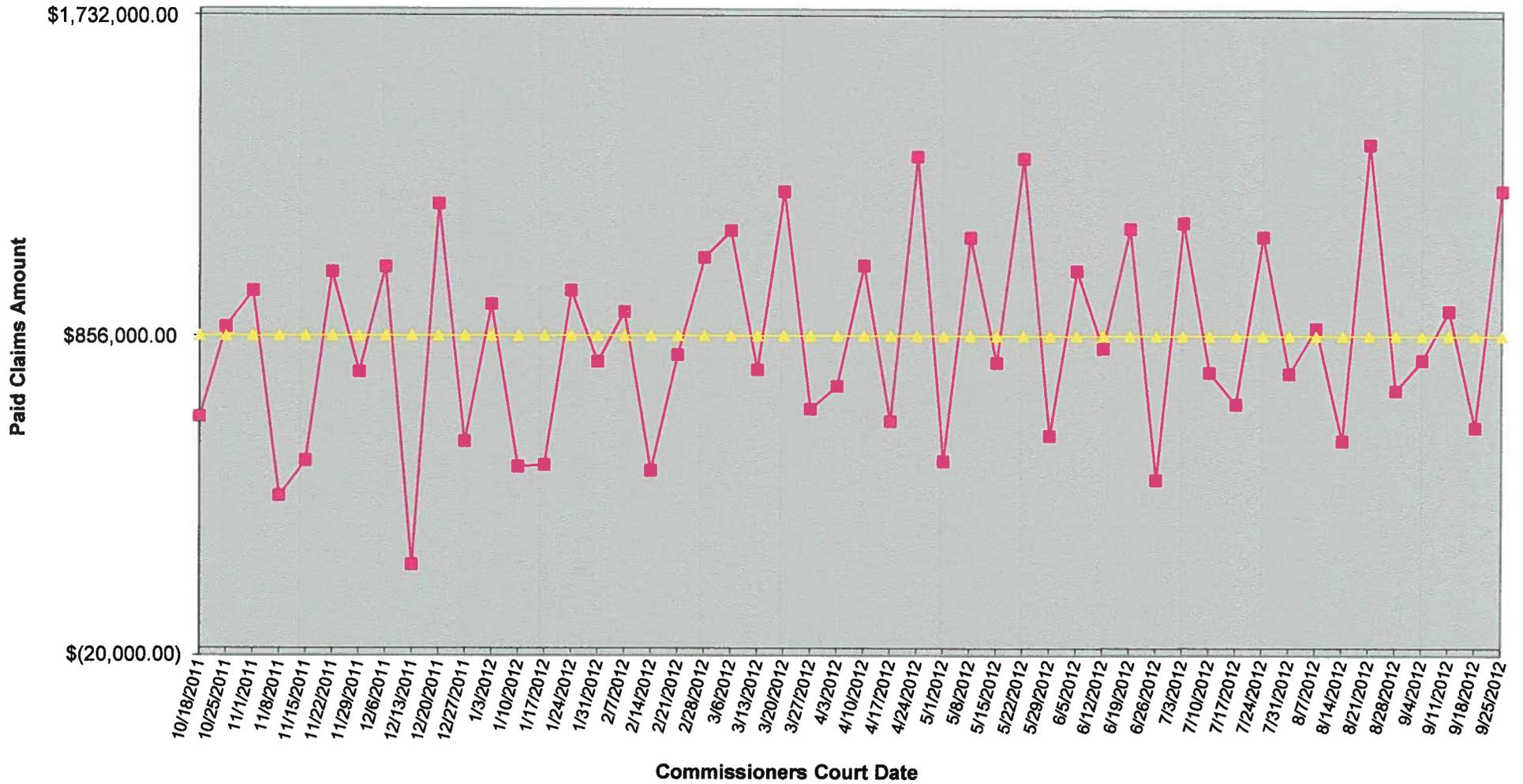
HRMD RECOMMENDATION: *The Director or Benefits Manager has reviewed the reimbursement submitted and concurs with the findings of the audits by the Financial Analyst and the Benefits Contract Administrator and therefore recommends reimbursement of \$1,255,762.81*

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
SEPTEMBER 7, 2012 TO SEPTEMBER 13, 2012**

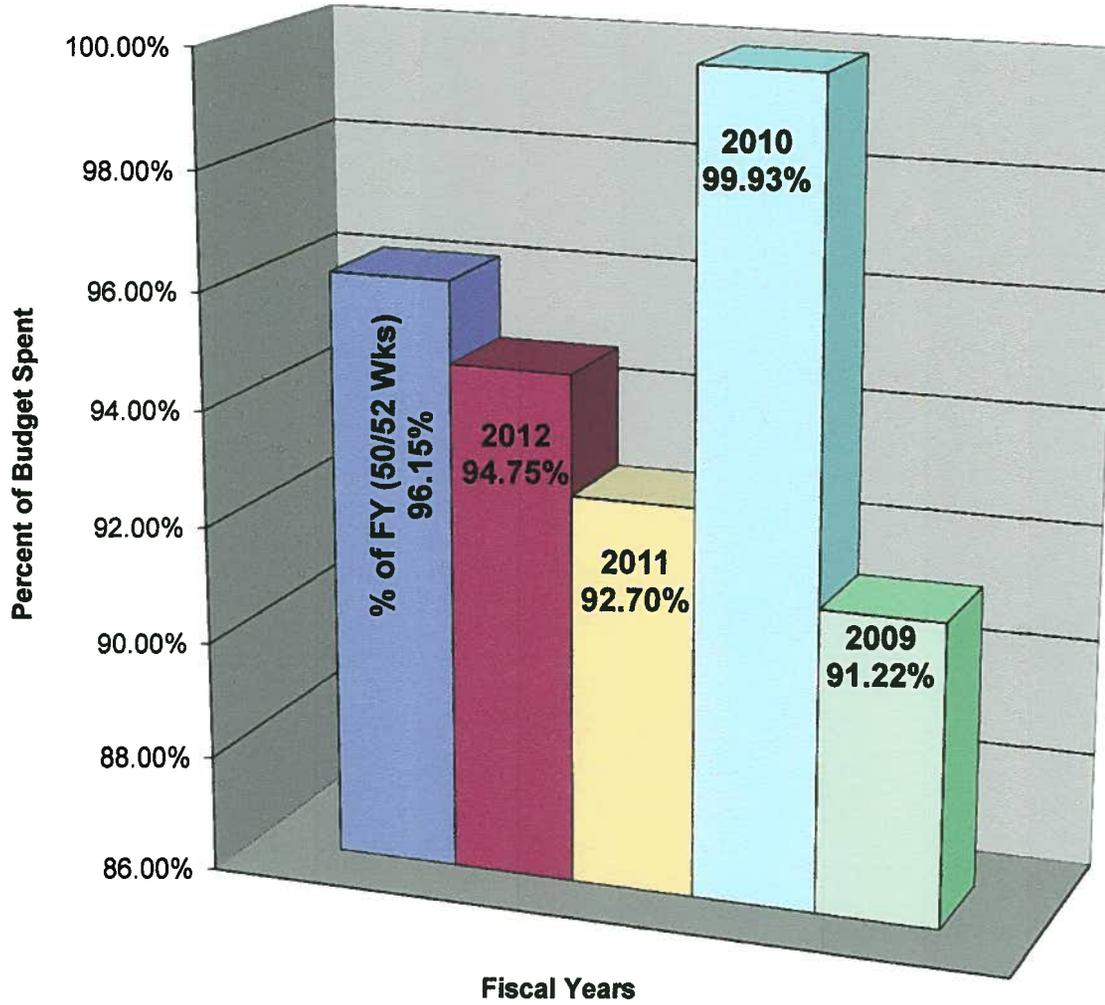
- Page 1. Detailed Recommendation to Travis County Auditor for transfer of funds.**
- Page 2. Chart of Weekly Reimbursements Compared to Budget.**
- Page 3. Paid Claims Compared to Budgeted Claims.**
- Page 4. FY Comparison of Paid Claims to Budget.**
- Page 5. Notification of amount of request from 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 Employee Benefit Plan FY12 Paid Claims vs Weekly Claims Budget of \$856,615.23



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Comparison of Claims to FY Budgets Week 50



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Norman McRee

From: SIFSFX@UHC.COM
Sent: Friday, September 14, 2012 12:47 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: 2012-09-14 REQUEST AMOUNT: \$1,845,056.09

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: 2012-09-13	\$904,619.58
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	<u>\$1,763,421.42</u>
+ CURRENT DAY NET CHARGE:	\$81,634.67
+ FUNDING ADJUSTMENTS:	<u>\$00.00</u>
REQUEST AMOUNT:	\$1,845,056.09

ACTIVITY FOR WORK DAY: 2012-09-07

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$40,724.75	\$00.00	\$40,724.75
TOTAL:	\$40,724.75	\$00.00	\$40,724.75

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_09_13

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	-203.68	A1	11192	AH		7	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-203.7	A1	25360	AA		6	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-203.71	A1	42331	AH		1	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-206.25	A1	37814	AH		8	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-216.83	A1	91674	AE		8	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-221.41	A1	22584	AH		3	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-227.38	A1	52935	AH		1	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-231.91	A1	96020	AA		6	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-244.95	A1	11191	AH		9	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-282.67	A1	7854	AH		9	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-284.45	A1	75271	AH		2	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-290.18	A1	43474	AH		1	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-290.18	A1	96016	AA		3	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-295.25	A1	75276	AE		15	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-381.93	A1	75182	AA		1	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-423.57	A1	55281	AH		1	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-442.86	A1	85333	AA		1	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-524.81	A1	77472	AE		8	9/4/2012	200	9/11/2012	9/13/2012
701254	632	-567.51	A1	102876	AH		8	9/4/2012	200	9/11/2012	9/13/2012

1,255,762.81

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

For the payment week ending: 09/13/2012

<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: 9/13/2012

Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 180,387.19
	RR	1110068956	516110	\$ 30,138.23
			Total CEPO	\$ 210,525.42
EPO	EE	1110068956	516030	\$ 330,575.74
	RR	1110068956	516130	\$ 39,458.19
			Total EPO	\$ 370,033.93
PPO	EE	1110068956	516020	\$ 609,782.03
	RR	1110068956	516120	\$ 65,421.43
			Total PPO	\$ 675,203.46
			Grand Total	\$ 1,255,762.81