



Travis County Commissioners Court Agenda Request

Meeting Date: October 23, 2012

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

Elected/Appointed Official/Dept. Head: Leslie Browder, County Executive, Planning & Budget *JB*

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 \$1,356,899.90, for the period of October 5 to October 12, 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 \$1,356,899.90.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$1,356,899.90

REQUIRED AUTHORIZATIONS:

John Rabb, 854-2742

Diane Blankenship, 854-9170

Jessica Rio, 854-9106

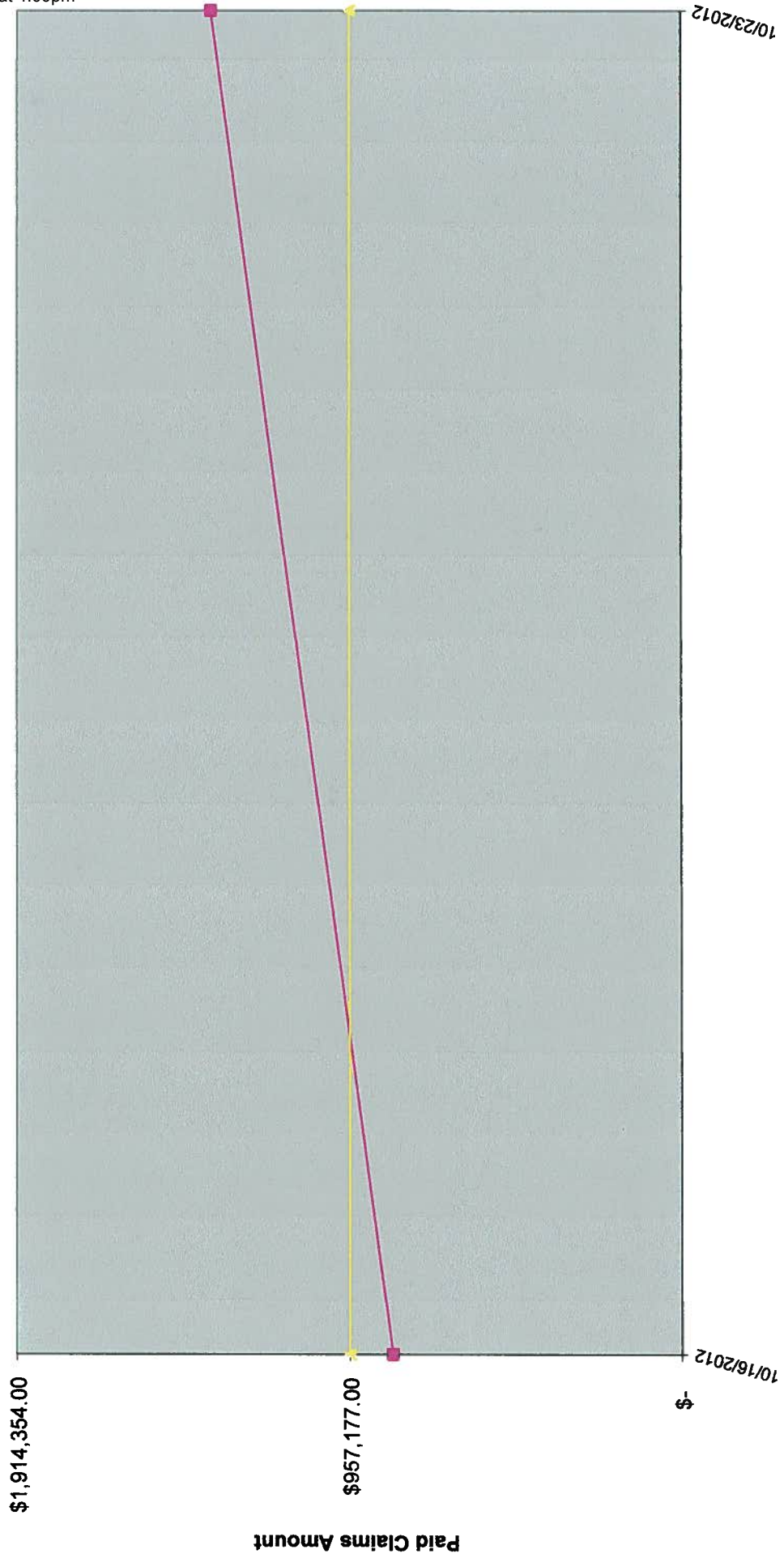
AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.

**TRAVIS COUNTY
HOSPITAL AND INSURANCE FUND
SUPPORTING DETAIL FOR THE
WEEKLY REIMBURSEMENT REQUEST TO
COMMISSIONERS COURT
FOR THE PAYMENT PERIOD
OCTOBER 5, 2012 TO OCTOBER 12, 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) (Bank of America)**
- 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 FY13 Paid Claims vs Weekly Claims Budget of \$957,177.23



Paid Claims Amount

Commissioners Court Date

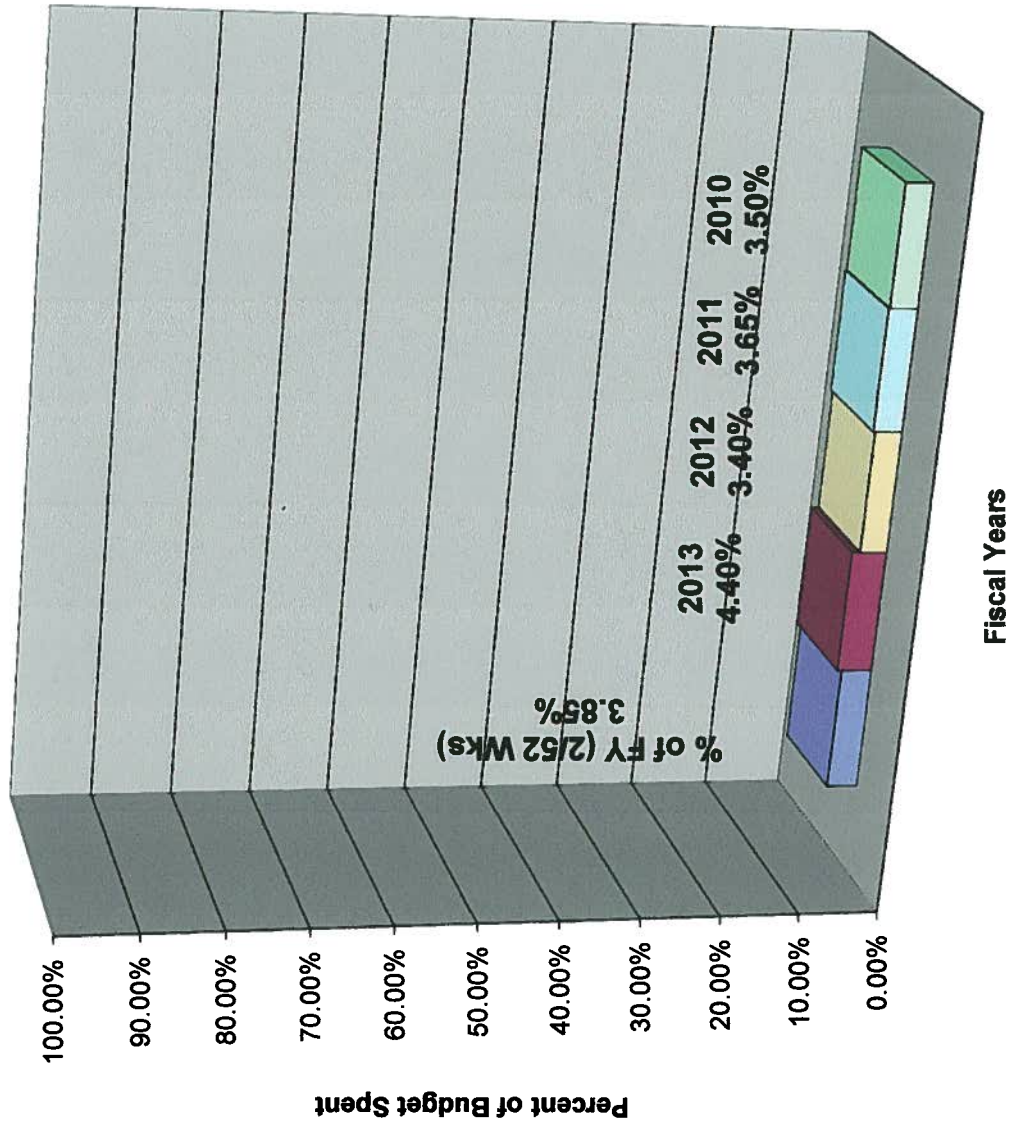
**Travis County Employee Benefit Plan
FY13 Weekly Paid Claims VS Weekly Budgeted Amount**

Wk	Period from	Period To	Voting Session Date	Pd Claims Request Amount	Budgeted Weekly Claims	# of Large Claims	Total of Large Claims	FY 2013 % of Budget Spent	FY 2012 % of Budget Spent
1	9/28/2012	10/4/2012	10/16/2012	\$ 833,295.36	\$ 957,177.23	2	\$ 264,210.15	1.67%	1.42%
2	10/5/2012	10/12/2012	10/23/2012	\$ 1,356,899.90	\$ 957,177.23	3	\$ 398,807.43	4.40%	3.40%
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Paid & Budgeted Claims to Date	\$ 2,190,195.26	\$ 1,914,354.46
Paid Claims less Total Weekly Budget		\$ 275,840.80

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 2



Norman McRee

From: SIFS FAX@UHC.COM
Sent: Friday, October 12, 2012 12:57 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: 2012-10-12 **REQUEST AMOUNT:** \$3,243,879.13

CUSTOMER ID: 00000701254
CONTRACT NUMBER: 00701254 00709445
BANK ACCOUNT NUMBER: 385015850067 **ABA NUMBER:** 011900445
FUNDING **ADVICE FREQUENCY:** DAILY
FREQUENCY: FRIDAY **INITIATOR:** CUST **METHOD:** ACH **BASIS:** BALANCE

CALCULATION OF REQUEST AMOUNT

+ ENDING BANK ACCOUNT BALANCE FROM: 2012-10-11	\$500,313.08-
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	<u>\$3,168,354.08</u>
+ CURRENT DAY NET CHARGE:	\$75,525.05
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	<u>\$00.00</u>
REQUEST AMOUNT:	\$3,243,879.13

ACTIVITY FOR WORK DAY: 2012-10-08

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$31,554.51	\$00.00	\$31,554.51
TOTAL:	\$31,554.51	\$00.00	\$31,554.51

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_10_12

CONTR_NBR	PLN_ID	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	632	\$ (190.99)	A1	14528	AA	2	MIRIAM	10/2/2012	200	10/12/2012
701254	632	632	\$ (197.85)	A1	72533	AH	7	YANET	10/2/2012	200	10/12/2012
701254	632	632	\$ (203.70)	A1	39880	AH	6	MARY	10/2/2012	200	10/12/2012
701254	632	632	\$ (213.79)	A1	35564	AE	9	LARISA	10/2/2012	200	10/12/2012
701254	632	632	\$ (213.79)	A1	7858	AE	5	CHARITY	10/2/2012	200	10/12/2012
701254	632	632	\$ (213.79)	A1	77269	AE	6	DARRELL	10/2/2012	200	10/12/2012
701254	632	632	\$ (231.91)	A1	53093	AH	3	TIMOTHY	10/2/2012	200	10/12/2012
701254	632	632	\$ (252.10)	A1	59982	AH	3	JOYCE	10/2/2012	200	10/12/2012
701254	632	632	\$ (267.98)	A1	34398	AA	6	MARIA	10/2/2012	200	10/12/2012
701254	632	632	\$ (319.40)	QG	91450230	AE	7	GLADES	6/15/2012	50	10/12/2012
701254	632	632	\$ (352.12)	A1	94278	AH	1	ARTHUR	10/2/2012	200	10/12/2012
701254	632	632	\$ (356.89)	A1	94275	AH	5	LEWIS	10/2/2012	200	10/12/2012
701254	632	632	\$ (364.17)	A1	5643	AH	11	CAROLINE	10/2/2012	200	10/12/2012
701254	632	632	\$ (387.55)	A1	41546	AH	6	PETE	10/2/2012	200	10/12/2012
701254	632	632	\$ (524.81)	A1	44566	AH	1	LINDA	10/2/2012	200	10/12/2012
701254	632	632	\$ (535.49)	A1	85532	AH	9	KEELI	10/2/2012	200	10/12/2012
701254	632	632	\$ (571.66)	A1	74321	AA	1	MARIA	10/2/2012	200	10/12/2012
701254	632	632	\$ (2,076.94)	A1	48192	AH	9	MICHAEL	10/2/2012	200	10/12/2012
701254	632	632	\$ (2,076.94)	A1	48241	AE	7	SHARLA	10/2/2012	200	10/12/2012

1,356,899.90

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

For the payment week ending: 10/12/2012

<i>CONTR_#</i>	<i>TRANS_AMT</i>	<i>SRS</i>	<i>CHK_#</i>	<i>GRP</i>	<i>ACCT#</i>	<i>CLAIM</i>	<i>ISS_DATE</i>	<i>TRANS_CODE</i>	<i>TRANS_DATE</i>
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Total: \$0.00

Travis County - Employee Health Benefits Fund (8956)

Journal Entry for the Reimbursement to United Health Care

For the payment week ending: 10/12/2012

Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 283,315.31
	RR	1110068956	516110	\$ 16,134.28
			Total CEPO	\$ 299,449.59
EPO	EE	1110068956	516030	\$ 241,884.72
	RR	1110068956	516130	\$ 30,531.24
			Total EPO	\$ 272,415.96
PPO	EE	1110068956	516020	\$ 727,166.01
	RR	1110068956	516120	\$ 57,868.34
			Total PPO	\$ 785,034.35
			Grand Total	\$ 1,356,899.90