

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 13

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

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 RECOMMENDATION FOR TRANSFER OF FUNDS

DATE: TO: FROM:

October 23, 2012

Nicki Riley, County Auditor 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: October 5, 2012 October 12, 2012

REIMBURSEMENT REQUESTED:

\$ 1,356,899.90

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

TOTAL TOTAL TOTAL MINISTRACTION IN THE STATE OF THE STATE		
NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$	3,243,879.13
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY		
COMMISSIONERS COURT: October 16, 2012	\$	(833,295.36)
October 9, 2012	Š	(1,067,835.63)
	\$	14,078.90
Adjust to balance per UHC	\$	72.86
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$	1,356,899.90
PAYMENTS DEEMED NOT REIMBURSABLE	\$	
TRANSFER OF FUNDS REQUESTED:	\$	1,356,899.90

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 \$398,807.43) 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 (\$144,505.76) 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 \$250,000 stop loss limit. Claims that have exceeded the limit will be reimbursed by Sun Life. Reimbursements are posted as revenue and claims totals shown are gross of stop loss. Cumulative fiscal year stop loss reimbursements from Sun Life total \$235,142.10.

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

10/10

Shannon Steele, Benefits Administrator

Date

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.

Updated 10-18-12 at 4:00pm 10/23/2012 Travis County Employee Benefit Plan FY13 Paid Claims vs Weekly Claims Budget of \$957,177.23 Commissioners Court Date 10/16/2012 \$1,914,354.00 \$957,177.00 Paid Claims Amount

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

W k	Period from	Period To	Voting Session Date	F	d Claims Request Amount	We	Budgeted ekly Claims	# of Large Claims	То	otal 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 W	eekl	y Budget	\$ 275,840.80

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

2010 Comparison of Claims to FY Budgets
Week 2 3.65% 2012 Fiscal Years 2013 3.85% 5.85% 10.00% %00.0 30.00% 20.00% 20.00% 40.00% %00.09 80.00% %00.02 %00.06 100.00% Percent of Budget Spent

4

Norman McRee

From:

SIFSFAX@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

PHONE: (512) 854-3828

AB5

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:

\$3,168,354.08

+ CURRENT DAY NET CHARGE:

\$75,525.05

+ ISSUED CREDIT AMOUNT:

\$00.00

+ FUNDING ADJUSTMENTS:

\$00.00

REQUEST AMOUNT:

\$3,243,879.13

ACTIVITY FOR WORK DAY: 2012-10-08

CUST

NON

NET

PLAN 0632 CLAIM \$31,554.51 \$00.00

CHARGE \$31,554.51

TOTAL:

\$31,554.51

\$00.00

\$31,554.51

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_10_12

TRANS DT WK END DT	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	50 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012	200 10/12/2012
TRANS TYP CD TR	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	6/15/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012	10/2/2012
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CHK NBR GRP ID (14528 AA	72533 AH	39880 AH	35564 AE	7858 AE	77269 AE	53093 AH	59982 AH	34398 AA	91450230 AE	94278 AH	94275 AH	5643 AH	41546 AH	44566 AH	85532 AH	74321 AA	48192 AH	48241 AE
TRANS AMT SRS DESG NBR	(190.99) A1	(197.85) A1	(203.70) A1	(213.79) A1	(213.79) A1	(213.79) A1	(231.91) A1	(252.10) A1	(267.98) A1	(319.40) QG	(352.12) A1	(356.89) A1	(364.17) A1	(387.55) A1	(524.81) A1	(535.49) A1	(571.66) A1	(2,076.94) A1	(2,076.94) A1
PLN_ID TRA	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$	632 \$
CONTR_NBR P	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254	701254

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

CONTR # TRANS AMT SRS CHK #

CLAIM GRP ACCT# ISS_DATE

TRANS CODE TRANS_DATE

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

Туре	EE/RR	Cost Center	G/L Account	٦	ransaction Amount		
СЕРО	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