



Travis County Commissioners Court Agenda Request

Meeting Date: December 4, 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 \$1,140,771.38, for the period of November 16 to November 22, 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 \$1,140,771.38.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$1,140,771.38

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: December 4, 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: November 16, 2012 to November 22, 2012

REIMBURSEMENT REQUESTED FOR THIS PERIOD: \$1,140,771.38

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 \$1,140,771.38.

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
NOVEMBER 16, 2012 TO NOVEMBER 22, 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: December 4, 2012
 TO: Nicki Riley, 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: November 16, 2012
 TO: November 22, 2012

REIMBURSEMENT REQUESTED: \$ 1,140,771.38

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 1,988,689.13
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: November 27, 2012	\$ (856,605.61)
Adjust to balance per UHC	\$ 8,687.86
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$ 1,140,771.38
 PAYMENTS DEEMED NOT REIMBURSABLE	 \$ -
TRANSFER OF FUNDS REQUESTED:	\$ 1,140,771.38

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

All claims over \$25,000 (0 this week totaling \$0.00) 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 (\$172,586.36) 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 \$545,771.91.

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 11/26/12
 Diane Poirot, Director, HRMD Date

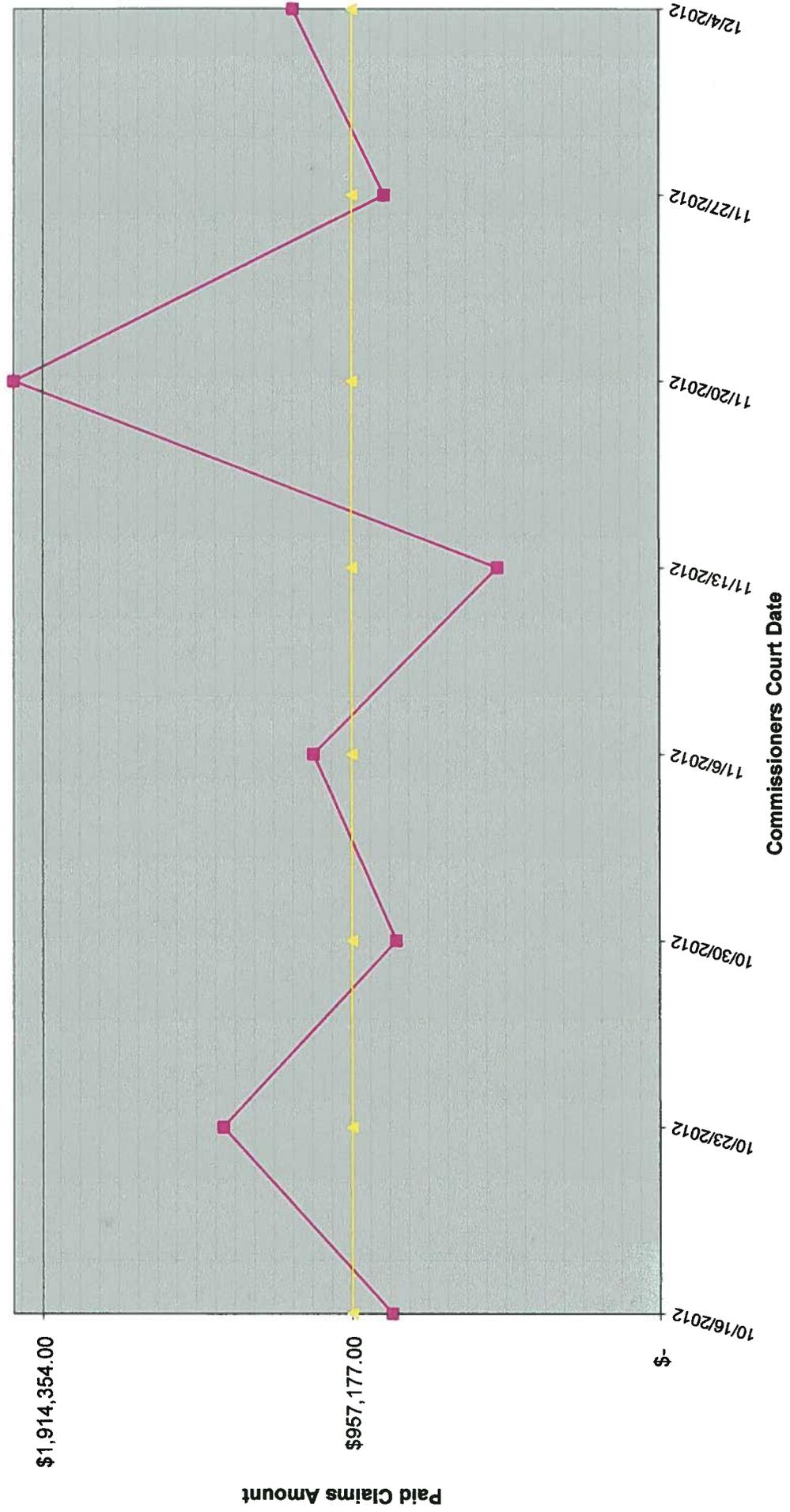
JR by Diane Poirot 11/27/12
 John Rabb, Benefits Manager Date

Shannon Steele 11/26/12
 Shannon Steele, Benefits Administrator Date

Norman McRee 11/26/12
 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
FY13 Paid Claims vs Weekly Claims Budget of \$957,177.23**



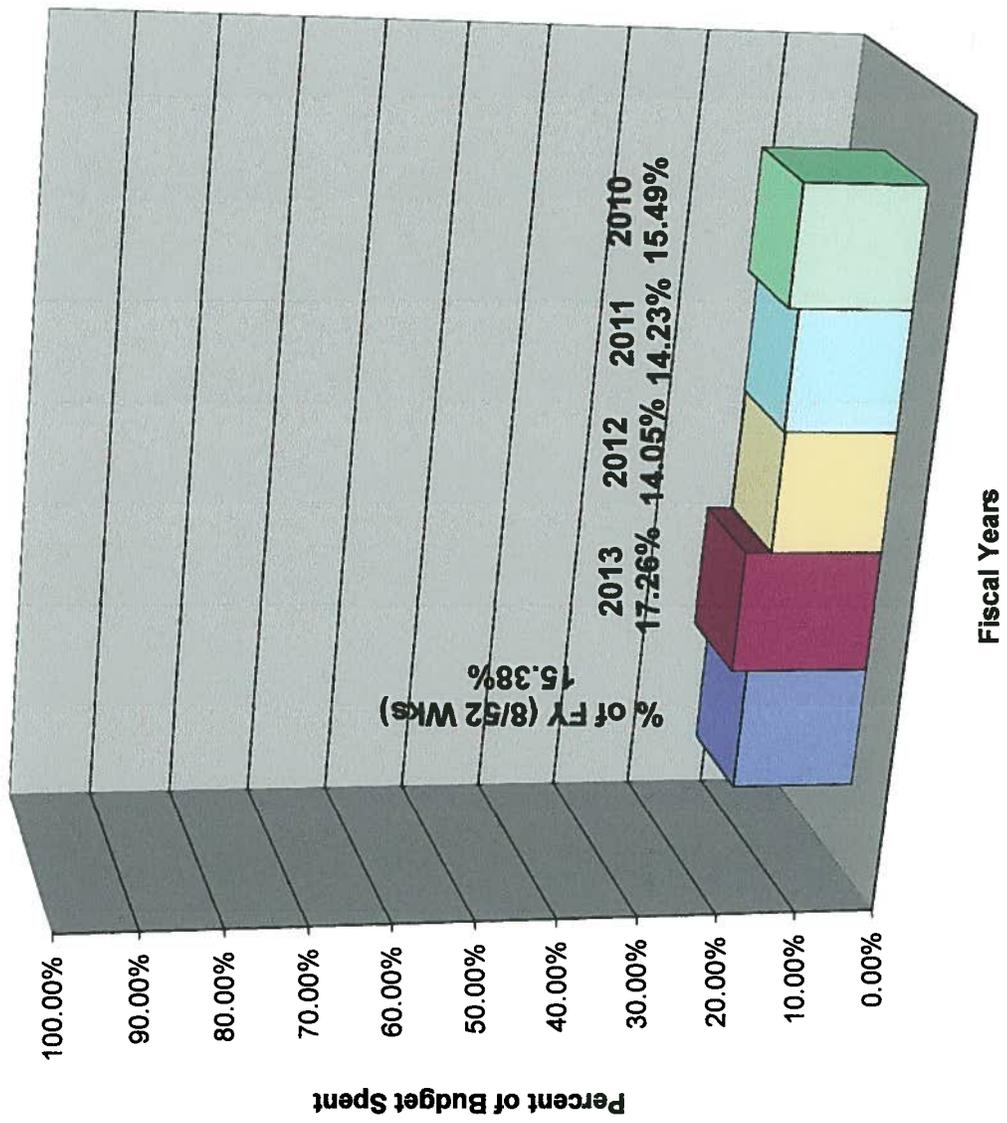
**Travis County Employee Benefit Plan
FY13 Weekly Paid Claims VS Weekly Budgeted Amount**

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	10/11/2012	10/23/2012	\$ 1,356,899.90	\$ 957,177.23	3	\$ 398,807.43	4.40%	3.40%
3	10/12/2012	10/18/2012	10/30/2012	\$ 819,640.44	\$ 957,177.23	2	\$ 116,768.50	6.05%	5.60%
4	10/19/2012	10/25/2012	11/6/2012	\$ 1,076,062.49	\$ 957,177.23	1	\$ 68,192.73	8.21%	6.54%
5	10/26/2012	11/1/2012	11/13/2012	\$ 503,241.86	\$ 957,177.23	0	\$ -	9.22%	7.69%
6	11/2/2012	11/8/2012	11/20/2012	\$ 2,004,819.80	\$ 957,177.23	4	\$ 832,945.50	13.25%	10.01%
7	11/9/2012	11/15/2012	11/27/2012	\$ 856,605.61	\$ 957,177.23	7	\$ 345,370.77	14.97%	11.71%
8	11/16/2012	11/22/2012	12/4/2012	\$ 1,140,771.38	\$ 957,177.23	0	\$ -	17.26%	14.05%
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Paid & Budgeted Claims to Date	\$ 8,591,336.84	\$ 7,657,417.85
Paid Claims less Total Weekly Budget		\$ 933,918.99

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 8**



Norman McRee

From: SIFS FAX@UHC.COM
Sent: Thursday, November 22, 2012 11:09 PM
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: 2012-11-23 **REQUEST AMOUNT:** \$1,988,689.13

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: 2012-11-21	\$1,343,423.75
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	\$1,324,617.25
+ CURRENT DAY NET CHARGE:	\$664,071.88
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	\$1,988,689.13

ACTIVITY FOR WORK DAY: 2012-11-16

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$53,202.72	\$00.00	\$53,202.72
5972	\$225.25-	\$00.00	\$225.25-

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_11_22

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	-\$225.53	A1	55176	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$241.45	PH	84235001	AA	4	6/20/2012	50	11/23/2012	11/22/2012
701254	632	632	-\$300.42	A1	103766	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$302.93	A1	93690	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$306.33	A1	20336	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$345.50	A1	73562	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$347.49	A1	24426	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$391.40	A1	94832	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$423.57	A1	93687	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$423.57	A1	20327	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$478.39	PH	72745623	AH	4	3/27/2012	50	11/21/2012	11/22/2012
701254	632	632	-\$520.97	A1	65679	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$681.89	A1	93691	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$718.27	A1	88088	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$780.78	A1	84825	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	9999	9999	-\$891.30		99	1E+12	9999	0	4990	11/19/2012	11/22/2012
701254	632	632	-\$950.46	A1	52608	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$1,792.42	A1	52245	AA	2	11/16/2012	200	11/23/2012	11/22/2012
701254	632	632	-\$2,531.00	PH	63287562	AH	4	3/26/2012	50	11/20/2012	11/22/2012

1,140,771.38

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

For the payment week ending: 11/22/2012

CONTR_#	TRANS_AMT	SRS	CHK_#	GRP	ACCT#	ISS_DATE	TRANS_CODE	TRANS_DATE
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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: 11/22/2012

Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 159,653.10
	RR	1110068956	516110	\$ 19,291.06
			Total CEPO	\$ 178,944.16
EPO	EE	1110068956	516030	\$ 256,628.17
	RR	1110068956	516130	\$ 42,409.03
			Total EPO	\$ 299,037.20
PPO	EE	1110068956	516020	\$ 594,015.44
	RR	1110068956	516120	\$ 68,774.58
			Total PPO	\$ 662,790.02
			Grand Total	\$ 1,140,771.38