



Travis County Commissioners Court Agenda Request

Meeting Date: October 15, 2013

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 \$885,221.27 for the period of September 27 to October 3, 2013.

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 \$885,221.27.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$885,221.27

REQUIRED AUTHORIZATIONS:

John Rabb, 854-2742

Jessica Rio, 854-9106

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Agenda@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: October 15, 2013

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 27, 2013 to October 3, 2013

REIMBURSEMENT REQUESTED FOR THIS PERIOD: \$885,221.27

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 \$885,221.27.

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 27, 2013 TO OCTOBER 3, 2013

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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
RECOMMENDATION FOR TRANSFER OF FUNDS

DATE: October 15, 2013
 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: September 27, 2013
 TO: October 3, 2013

REIMBURSEMENT REQUESTED: \$ 885,221.27

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 2,162,693.91
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: Oct 8, 2013	\$ (1,277,142.39)
Misc Adj	\$ (330.25)
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$ 885,221.27
TRANSFER OF FUNDS REQUESTED:	\$ 885,221.27

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

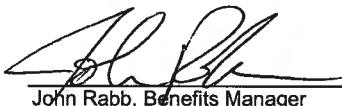
All claims over \$25,000 (5 this week totaling \$195,295.06) have been audited for data entry accuracy and the following information is correct for each claim audited: date of service, eligibility, nature of service, name of and amount billed by provider, amount billed by date and amount paid by UHC.

Fifteen percent (15%) of all claims under \$25,000 (\$111,109.73) 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 \$275,000 stop loss limit. Claims that have exceeded the limit will be reimbursed by Sun Life; claims expenses are credited in the fiscal year reimbursed. Cumulative fiscal year stop loss reimbursements from Sun Life total \$0.

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.

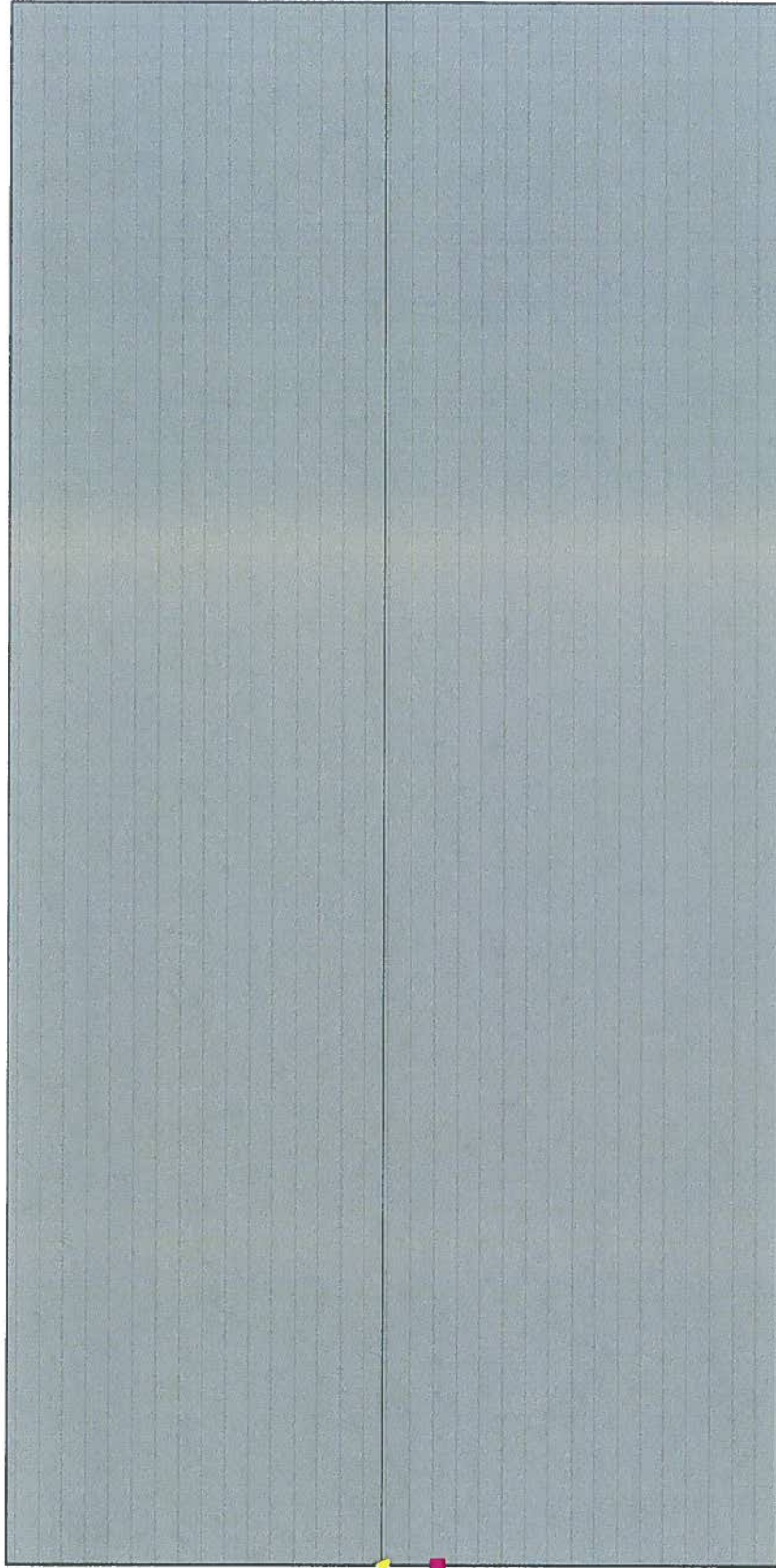

 John Rabb, Benefits Manager 10/8/13
Date


 Shannon Steele, Benefits Administrator 10/8/13
Date


 Norman McRee, Financial Analyst 10/8/13
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
FY14 Paid Claims vs Weekly Claims Budget of \$1,029,764.52**



Paid Claims Amount
\$1,029,764.00

\$

10/15/2013

Commissioners Court Date

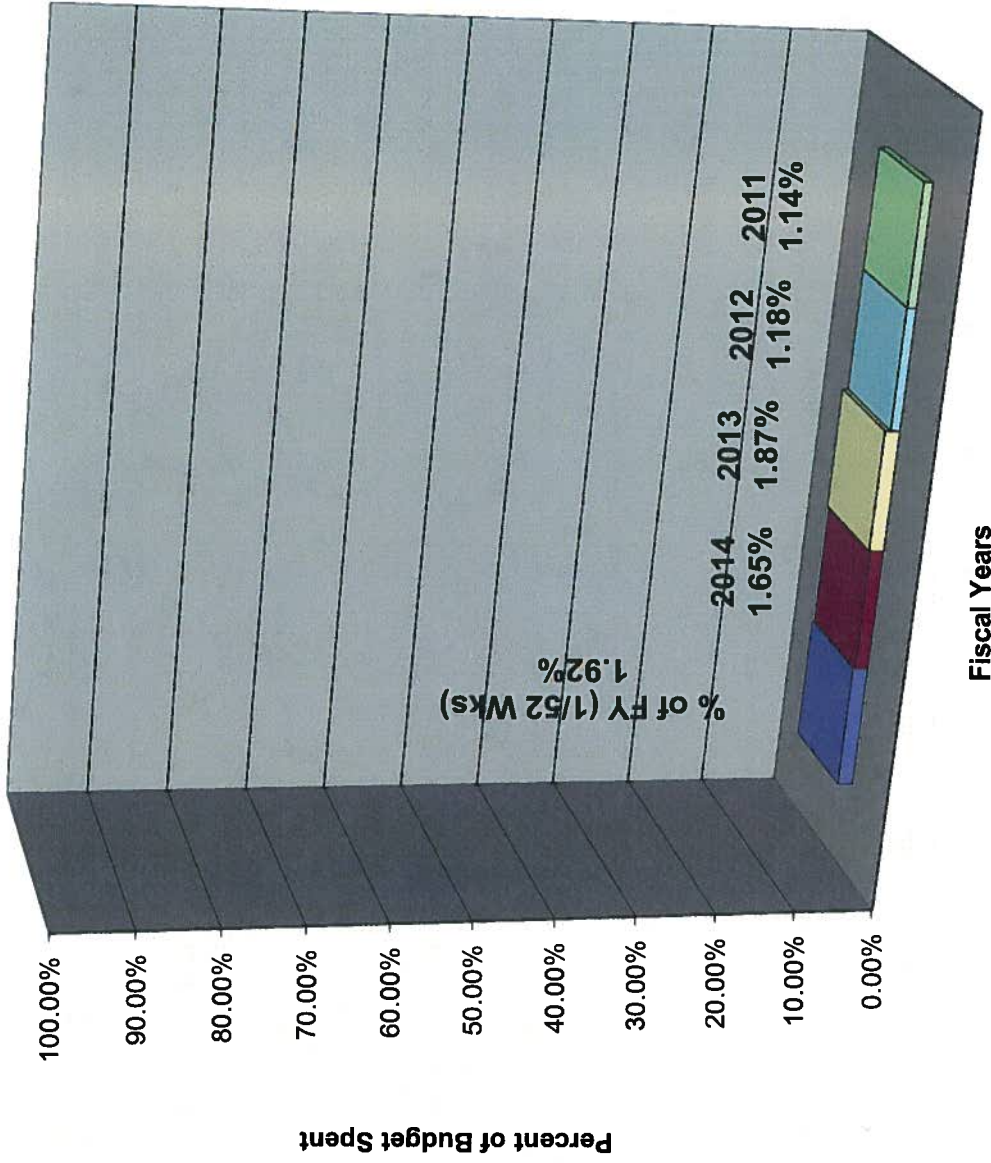
**Travis County Employee Benefit Plan
FY14 Weekly Paid Claims VS Weekly Budgeted Amount**

Wk	Period from	Period To	Voting Session Date	Pd Claims Request Amount	Budgeted Weekly Claims	# of Large Claims	Total of Large Claims	FY 2014 % of Budget Spent	FY 2013 % of Budget Spent
1	9/27/2013	10/3/2013	10/15/2013	\$ 885,221.27	\$ 1,029,764.52	5	\$ 195,295.06	1.65%	1.87%
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Claims (net) & Budget to Date	\$ 885,221.27	\$ 1,029,764.52	stop loss	\$ -
Gross Paid Claims over (under) Original Budget		\$ (144,543.25)		

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 1**



TO: NORMAN MCREE
FAX NUMBER: (512) 854-3128
PHONE: (512) 854-3828

FROM: UNITEDHEALTH GROUP
AB5

NOTIFICATION OF AMOUNT OF REQUEST FOR: TRAVIS COUNTY

DATE: 2013-10-04 REQUEST AMOUNT: \$2,162,693.91

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: 2013-10-03	\$549,956.79
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	<u>\$2,118,084.21</u>
+ CURRENT DAY NET CHARGE:	\$44,609.70
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	\$00.00
	<u>REQUEST AMOUNT: \$2,162,693.91</u>

ACTIVITY FOR WORK DAY: 2013-09-27

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$38,211.66	\$00.00	\$38,211.66
TOTAL:	\$38,211.66	\$00.00	\$38,211.66

ACTIVITY FOR WORK DAY: 2013-09-30

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$481,536.19	\$00.00	\$481,536.19

Page: 1 of 2

--SecureBatchDelivery--

TO: NORMAN MCREE
FAX NUMBER: (512) 854-3128
PHONE: (512) 854-3828

FROM: UNITEDHEALTH GROUP
AB5

NOTIFICATION OF AMOUNT OF REQUEST FOR: TRAVIS COUNTY

DATE: 2013-10-04 REQUEST AMOUNT: \$2,162,693.91

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2013_10_03

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	11858460	AA	15	WYATT	9/30/2013	100	10/3/2013
701254	632	\$ 0.01	QG	11858460	AA	1	TERESA MO	9/30/2013	100	10/3/2013
701254	632	\$ 0.01	QG	11858460	AA	5	PATRICIA YE	9/30/2013	100	10/3/2013
701254	632	\$ 0.01	QG	11858460	AH	1	LAUREN MC	9/30/2013	100	10/3/2013
701254	632	\$ 0.01	QG	11858460	AH	1	DAVID KOHL	9/30/2013	100	10/3/2013
701254	632	\$ 0.01	QG	11858460	AH	1	DIANA DONK	9/30/2013	100	10/3/2013
701254	632	\$ 0.01	QG	11858460	AH	1	LINO MARTII	9/30/2013	100	10/3/2013
701254	632	\$ 0.01	QG	11858460	AH	5	KAMERYN S	9/30/2013	100	10/3/2013
701254	632	\$ (9.45)	U4	77554850	AE	8	DEDRIC	9/24/2013	50	10/3/2013
701254	632	\$ (43.03)	QG	31543627	AH	6	STACEY ME	9/27/2013	50	10/3/2013
701254	632	\$ (69.12)	QG	61680690	AE	16	KENNETH	7/18/2013	50	10/3/2013
701254	632	\$ (163.51)	QG	21576453	AH	5	KAILA	9/25/2013	50	10/3/2013
701254	632	\$ (362.90)	QG	92496958	AH	8	ALEXANDEF	9/25/2013	50	10/3/2013
701254	632	\$ (440.75)	QG	11641755	AH	11	LAURA	9/26/2013	50	10/3/2013
701254	632	\$ (639.90)	QG	3089226	AH	8	TYLOR	9/27/2013	50	10/3/2013
701254	632	\$ (1,161.00)	QG	61501709	AH	9	SCOTT JAM	9/27/2013	50	10/3/2013
701254	632	\$ (1,818.03)	QG	21761783	AH	3	SANDRA SIL	9/28/2013	50	10/3/2013
701254	632	\$ (2,361.00)	QG	21656018	AH	9	TIFFANY	9/28/2013	50	10/3/2013
701254	632	\$ (6,030.91)	QG	81102968	AH	1	KYRA SPEIG	8/31/2012	50	10/3/2013

885,221.27

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

For the payment week ending: 10/03/2013

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: 10/3/2013

Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 228,898.70
	RR	1110068956	516110	\$ 3,891.11
			Total CEPO	\$ 232,789.81
EPO	EE	1110068956	516030	\$ 127,609.32
	RR	1110068956	516130	\$ 27,316.19
			Total EPO	\$ 154,925.51
PPO	EE	1110068956	516020	\$ 483,021.29
	RR	1110068956	516120	\$ 14,484.66
			Total PPO	\$ 497,505.95
			Grand Total	\$ 885,221.27