



## Travis County Commissioners Court Agenda Request

**Meeting Date:** October 22, 2013

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

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

**Commissioners Court Sponsor:** Samuel T. Biscoe, County Judge

A handwritten signature in black ink, appearing to read "S. Biscoe".

### 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 \$1,321,181.23 for the period of October 4 to October 10, 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 \$1,321,181.23.

### ISSUES AND OPPORTUNITIES:

See attached.

### FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$1,321,181.23

### 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](mailto: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 22, 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:** October 4, 2013 to October 10, 2013

**REIMBURSEMENT REQUESTED FOR THIS PERIOD:** \$1,321,181.23

**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 \$1,321,181.23.

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**  
**OCTOBER 4, 2013 TO OCTOBER 10, 2013**

- 
- 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 22, 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: October 4, 2013  
 TO: October 10, 2013

**REIMBURSEMENT REQUESTED:** **\$ 1,321,181.23**

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 2,206,732.75
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: Oct 15, 2013	\$ (885,221.27)
Misc Adj	\$ (330.25)
<b>TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:</b>	<b>\$ 1,321,181.23</b>
<b>TRANSFER OF FUNDS REQUESTED:</b>	<b>\$ 1,321,181.23</b>

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

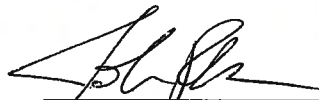
All claims over \$25,000 (1 this week totaling \$164,720.00) have been audited for data entry accuracy and the following information is correct for each claim audited: date of service, eligibility, nature of service, name of and amount billed by provider, amount billed by date and amount paid by UHC.

Fifteen percent (15%) of all claims under \$25,000 (\$174,742.75) 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.

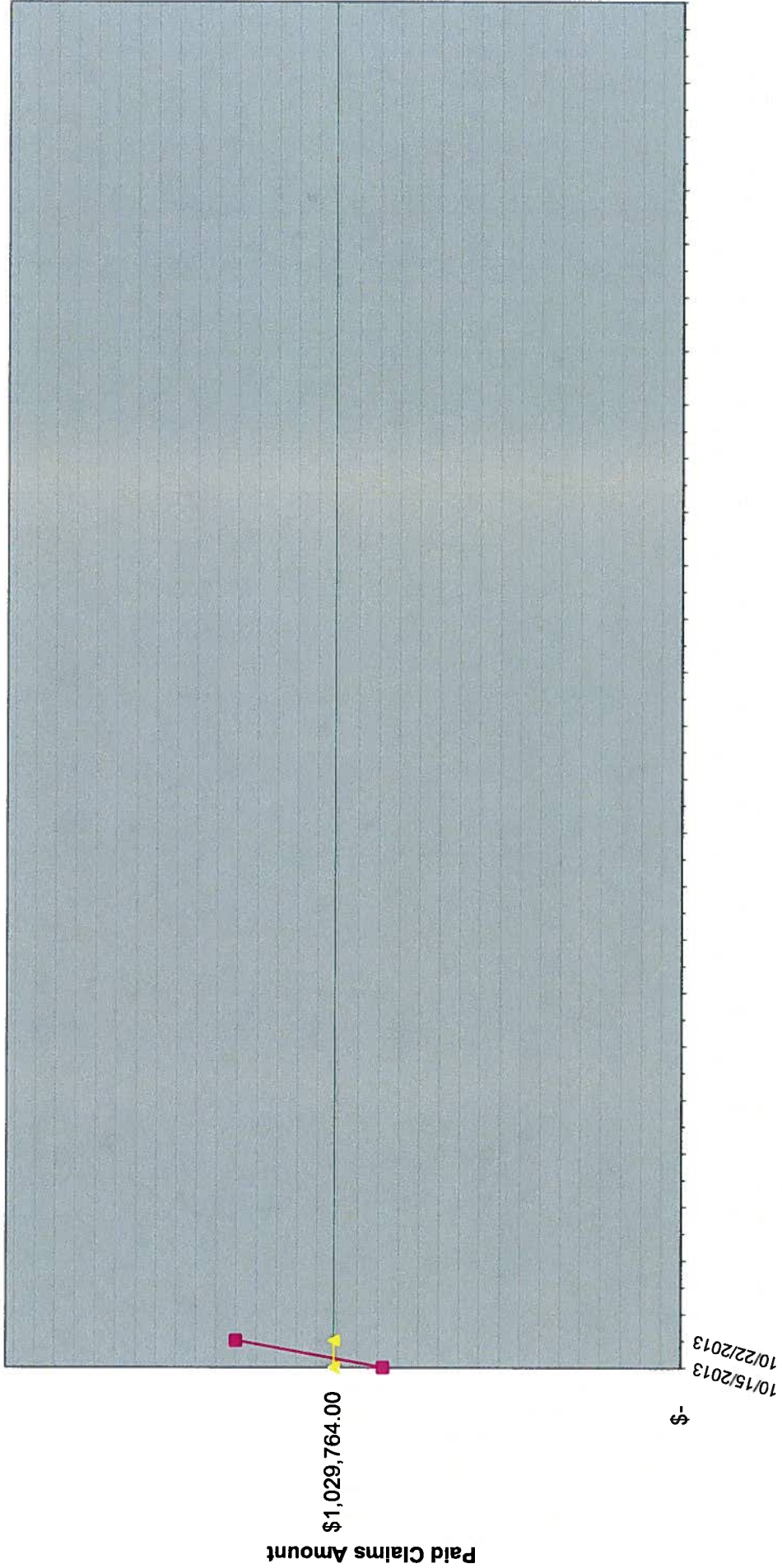
  
 \_\_\_\_\_  
 John Rabb, Benefits Manager 10/14/13  
Date

  
 \_\_\_\_\_  
 Shannon Steele, Benefits Administrator 10/14/13  
Date

  
 \_\_\_\_\_  
 Norman McRee, Financial Analyst 10/14/13  
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**



**Commissioners Court Date**

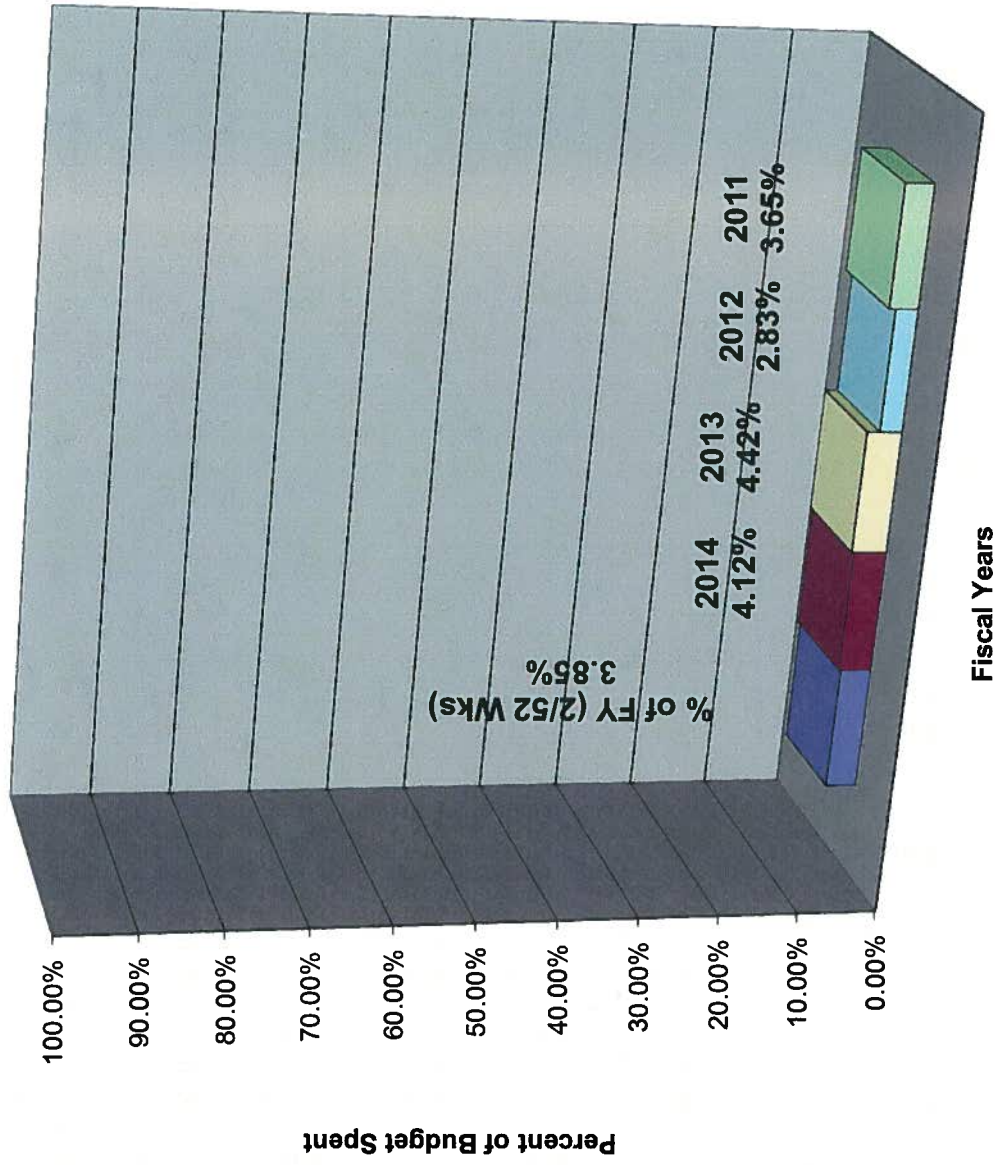
**Travis County Employee Benefit Plan  
FY14 Weekly Paid Claims VS Weekly Budgeted Amount**

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%	1.68%
2	10/4/2013	10/10/2013	10/22/2013	\$ 1,321,181.23	\$ 1,029,764.52	1	\$ 164,720.00	4.12%	4.42%
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									

Claims (net) & Budget to Date	\$ 2,206,402.50	\$ 2,059,529.04	stop loss	\$ -
Gross Paid Claims over (under) Original Budget		\$ 146,873.46		

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**





[Help](#) | [Forget me on this computer \(Log Out\)](#)

**Secured Message**

[Reply](#) [ReplyAll](#)

From: SIFSFX@UHC.COM  
To: NORMAN.MCREE@CO.TRAVIS.TX.US  
Date: October 11, 2013 5:35:16 AM GMT  
Subject: Secure Message from sifsfax@uhc.com

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: 2013-10-11 REQUEST AMOUNT: \$2,206,732.75

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

CALCULATION OF REQUEST AMOUNT	
+ ENDING BANK ACCOUNT BALANCE FROM: 2013-10-10	\$511,069.35
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	\$2,156,971.65
+ CURRENT DAY NET CHARGE:	\$49,761.10
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	\$2,206,732.75

ACTIVITY FOR WORK DAY: 2013-10-04

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$27,682.44	\$00.00	\$27,682.44
TOTAL:	\$27,682.44	\$00.00	\$27,682.44

ACTIVITY FOR WORK DAY: 2013-10-07

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
-----------	-------	-----------	------------

5



UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2013\_10\_10

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	\$ (272.79)	A1	4076592	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (277.93)	A1	4051052	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (285.87)	A1	4080583	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (286.65)	A1	4097943	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (291.39)	A1	4071686	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (301.77)	A1	4042084	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (301.77)	A1	4038394	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (336.76)	A1	4015206	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (374.88)	A1	4099800	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (378.53)	A1	4035547	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (402.81)	A1	4008808	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (421.91)	A1	4071187	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (461.33)	A1	4035958	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (504.14)	A1	4079592	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (545.14)	A1	4019595	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (638.82)	QG	81206271	AH	1	10/29/2012	50	10/8/2013	10/10/2013
701254	632	632	\$ (794.63)		28 13348765	AE	9	10/7/2013	50	10/10/2013	10/10/2013
701254	632	632	\$ (1,873.15)	A1	4050576	AA	2	10/2/2013	200	10/8/2013	10/10/2013
701254	632	632	\$ (4,302.86)	A1	4050617	AA	2	10/2/2013	200	10/8/2013	10/10/2013

1,321,181.23

# *Travis County Hospital and Insurance Fund - County Employees*

## *UHC Payments Deemed Not Reimbursable*

For the payment week ending: 10/10/2013

<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>
----------------	------------------	------------	--------------	------------	--------------	--------------	-----------------	-------------------	-------------------

**Total:** \$0.00

7

---

## Travis County - Employee Health Benefits Fund (8956)

### Journal Entry for the Reimbursement to United Health Care

For the payment week ending: 10/10/2013

---

Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 151,549.24
	RR	1110068956	516110	\$ 21,938.77
			<b>Total CEPO</b>	<b>\$ 173,488.01</b>
EPO	EE	1110068956	516030	\$ 388,293.70
	RR	1110068956	516130	\$ 41,407.60
			<b>Total EPO</b>	<b>\$ 429,701.30</b>
PPO	EE	1110068956	516020	\$ 658,129.69
	RR	1110068956	516120	\$ 59,862.23
			<b>Total PPO</b>	<b>\$ 717,991.92</b>
			<b>Grand Total</b>	<b>\$ 1,321,181.23</b>