



## Travis County Commissioners Court Agenda Request

**Meeting Date:** December 3, 2013

**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 \$1,135,426.11 for the period of November 15 to November 21, 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 \$1,135,426.11.

### ISSUES AND OPPORTUNITIES:

See attached.

### FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$1,135,426.11

### 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:** December 3, 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:** November 15, 2013 to November 21, 2013

**REIMBURSEMENT REQUESTED FOR THIS PERIOD:** \$1,135,426.11

**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 \$1,135,426.11.

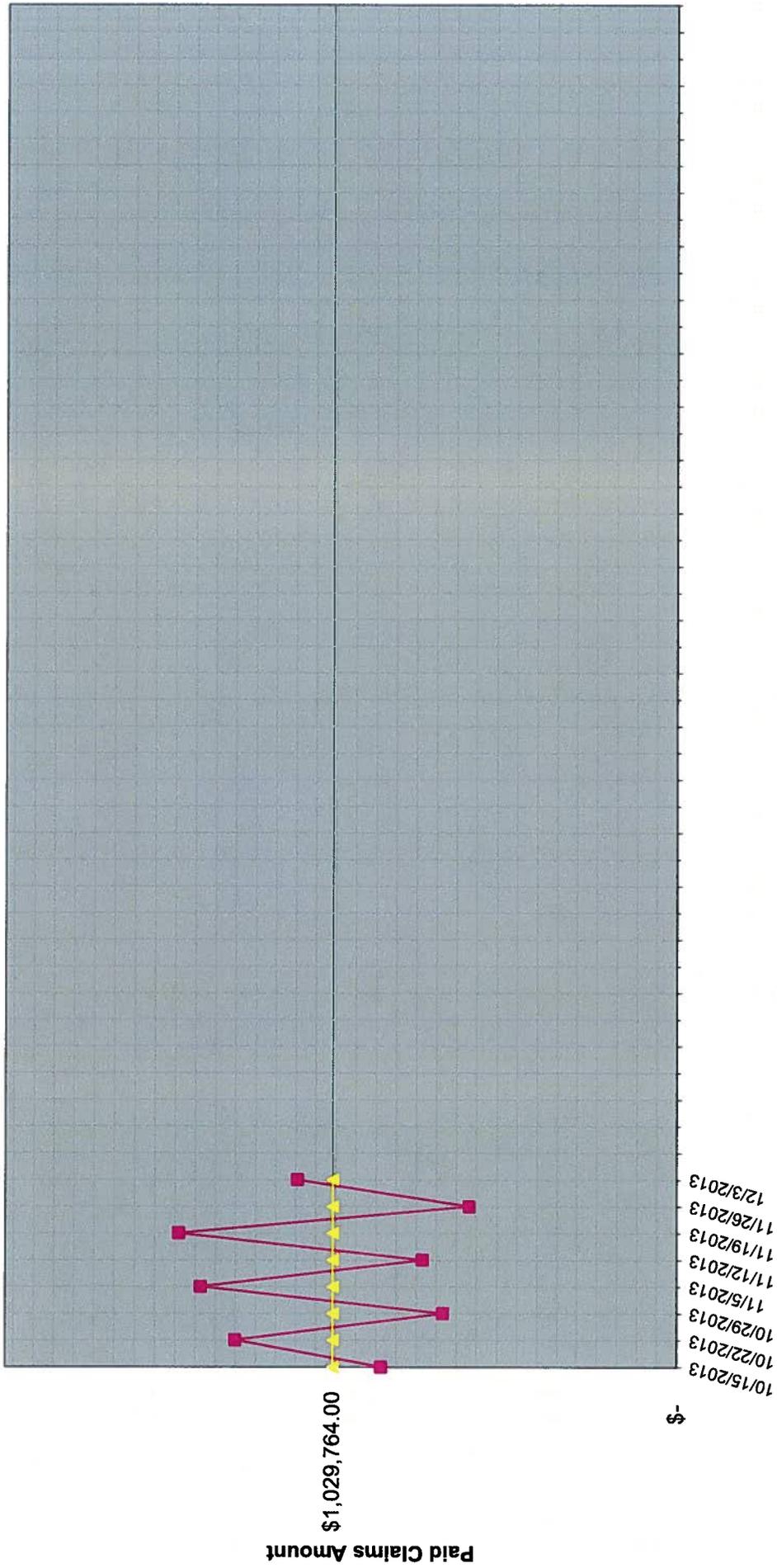
Please see the attached reports for supporting detail information.

**TRAVIS COUNTY**  
**HOSPITAL AND INSURANCE FUND**  
**SUPPORTING DETAIL FOR THE**  
**WEEKLY REIMBURSEMENT REQUEST TO**  
**COMMISSIONERS COURT**  
**FOR THE PAYMENT PERIOD**  
**NOVEMBER 15, 2013 TO NOVEMBER 21, 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 Employee Benefit Plan  
 FY14 Paid Claims vs Weekly Claims Budget of \$1,029,764.52**



**Commissioners Court Date**

**Paid Claims Amount**

**\$1,029,764.00**

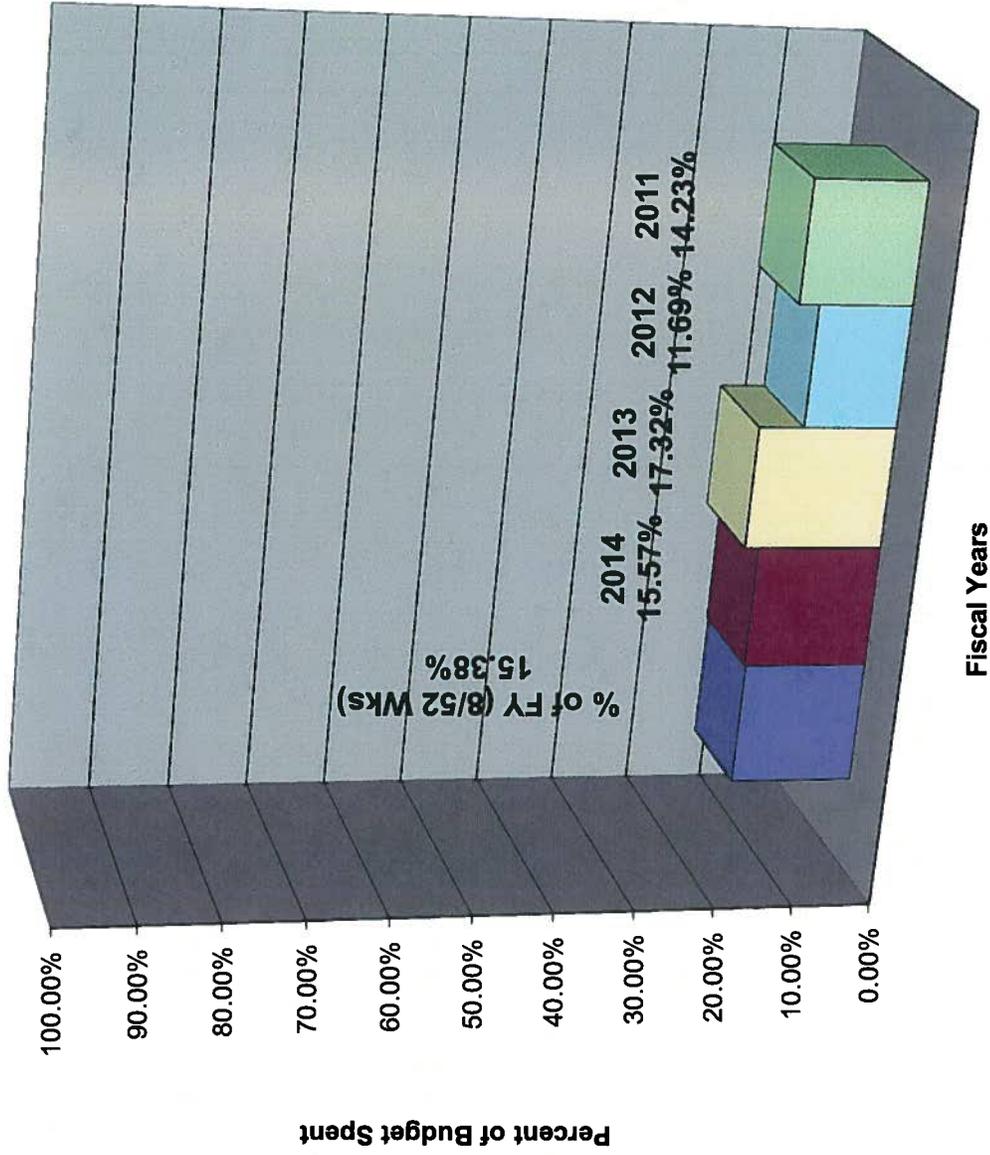
**Travis County Employee Benefit Plan  
FY14 Weekly Paid Claims VS Weekly Budgeted Amount**

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	10/11/2013	10/17/2013	10/29/2013	\$ 701,263.92	\$ 1,029,764.52	1	\$ 82,224.03	5.43%	6.07%
4	10/18/2013	10/24/2013	11/5/2013	\$ 1,423,282.56	\$ 1,029,764.52	4	\$ 168,709.40	8.09%	8.24%
5	10/25/2013	10/31/2013	11/12/2013	\$ 761,418.64	\$ 1,029,764.52	2	\$ 106,445.83	9.51%	9.25%
6	11/1/2013	11/7/2013	11/19/2013	\$ 1,488,394.58	\$ 1,029,764.52	3	\$ 109,031.75	12.29%	13.29%
7	11/8/2013	11/14/2013	11/26/2013	\$ 622,321.91	\$ 1,029,764.52	1	\$ 29,825.79	13.45%	15.02%
8	11/15/2013	11/21/2013	12/3/2013	\$ 1,135,426.11	\$ 1,029,764.52	1	\$ 40,089.30	15.57%	17.32%
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Claims (net) & Budget to Date	\$ 8,338,510.22	\$ 8,238,116.15	stop loss \$	-
Gross Paid Claims over (under) Original Budget		\$ 100,394.07		

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





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**Secured Message**

From: SIFSFX@UHC.COM  
To: NORMAN.MCREE@CO.TRAVIS.TX.US  
Date: November 22, 2013 6:35:26 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: 2013-11-22 REQUEST AMOUNT: \$1,758,078.27

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: 2013-11-21	\$940,033.81
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	\$1,728,007.19
+ CURRENT DAY NET CHARGE:	\$30,071.08
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	\$1,758,078.27

ACTIVITY FOR WORK DAY: 2013-11-15

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$54,780.26	\$00.00	\$54,780.26
TOTAL:	\$54,780.26	\$00.00	\$54,780.26

ACTIVITY FOR WORK DAY: 2013-11-18

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
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UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2013\_11\_21

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	\$ (309.52)	A1	4153412	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (313.52)	A1	4134886	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (313.52)	A1	4165970	AA		1	200	11/21/2013	11/21/2013
701254	632	\$ (322.17)	QG	81773372	AH		11	50	11/22/2013	11/21/2013
701254	632	\$ (331.97)	A1	4161785	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (339.14)	A1	4179122	AA		1	200	11/21/2013	11/21/2013
701254	632	\$ (360.27)	A1	4161765	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (397.17)	A1	4123281	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (443.58)	A1	4195866	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (543.60)	A1	4182594	AA		1	200	11/21/2013	11/21/2013
701254	632	\$ (543.60)	A1	4187197	AA		9	200	11/21/2013	11/21/2013
701254	632	\$ (575.02)	QG	92202663	AE		7	50	11/19/2013	11/21/2013
701254	632	\$ (584.36)	A1	4146395	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (629.94)	A1	4161789	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (650.35)	A1	4173704	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (665.81)	A1	4214363	AA		1	200	11/21/2013	11/21/2013
701254	632	\$ (706.78)	A1	4195864	AA		9	200	11/21/2013	11/21/2013
701254	632	\$ (847.91)	A1	4193412	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (882.86)	A1	4173703	AA		2	200	11/21/2013	11/21/2013
701254	632	\$ (917.97)	QG	31789255	AH		11	50	11/21/2013	11/21/2013
701254	632	\$ (1,031.04)	A1	4193411	AE		9	200	11/21/2013	11/21/2013
701254	632	\$ (1,721.57)	A1	4190375	AA		6	200	11/21/2013	11/21/2013
701254	632	\$ (2,400.37)	A1	4115042	AA		2	200	11/21/2013	11/21/2013

\$ 1,135,426.11

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

For the payment week ending: 11/21/2013

CONTR_#	TRANS_AMT	SRS	CHK_#	GRP	ACCT#	ISS_DATE	TRANS_CODE	TRANS_DATE
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**Total:** \$0.00

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

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

For the payment week ending: 11/21/2013

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Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 158,340.56
	RR	1110068956	516110	\$ 21,986.60
			<b>Total CEPO</b>	<b>\$ 180,327.16</b>
EPO	EE	1110068956	516030	\$ 232,416.47
	RR	1110068956	516130	\$ 46,064.49
			<b>Total EPO</b>	<b>\$ 278,480.96</b>
PPO	EE	1110068956	516020	\$ 601,026.74
	RR	1110068956	516120	\$ 75,591.25
			<b>Total PPO</b>	<b>\$ 676,617.99</b>
			<b>Grand Total</b>	<b>\$ 1,135,426.11</b>