



# Travis County Commissioners Court Agenda Request

**Meeting Date:** February 4, 2014

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

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

*Norm McRee*

**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 \$1,396,783.17 for the period of January 17 to January 23, 2014.

## 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 \$1,396,783.17

## ISSUES AND OPPORTUNITIES:

See attached.

## FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$1,396,783.17

## REQUIRED AUTHORIZATIONS:

John Rabb, 854-2742

Jessica Rio, 854-9106

**TRAVIS COUNTY  
RECOMMENDATION FOR TRANSFER OF FUNDS**

**DATE:** February 4, 2014

**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:** January 17, 2013 to January 23, 2014

**REIMBURSEMENT REQUESTED FOR THIS PERIOD:** \$1,396,783.17

**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 \$1,396,783.17.

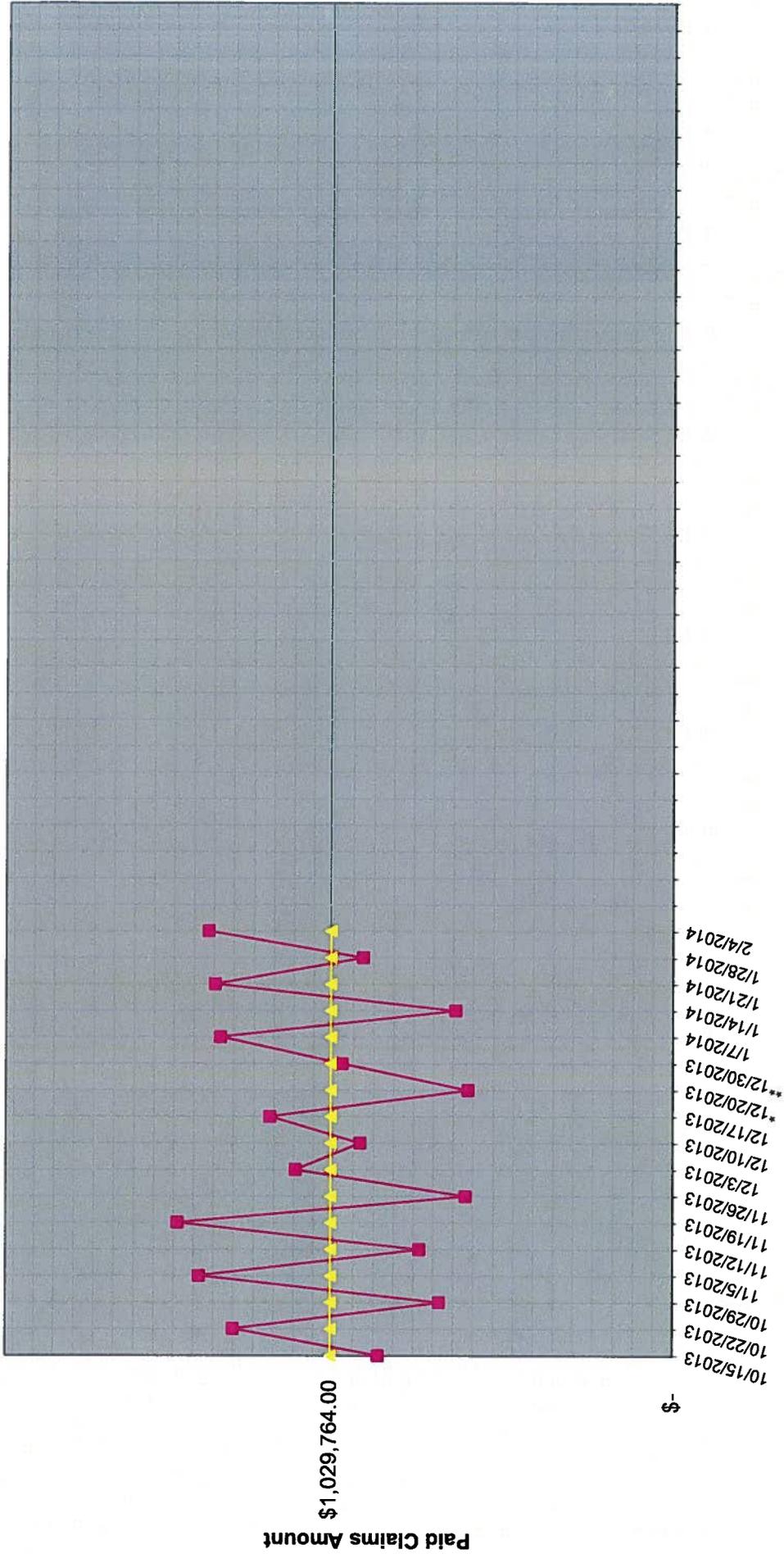
Please see the attached reports for supporting detail information.

**TRAVIS COUNTY**  
**HOSPITAL AND INSURANCE FUND**  
**SUPPORTING DETAIL FOR THE**  
**WEEKLY REIMBURSEMENT REQUEST TO**  
**COMMISSIONERS COURT**  
**FOR THE PAYMENT PERIOD**  
**JANUARY 17, 2014 TO JANUARY 23, 2014**

- 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**

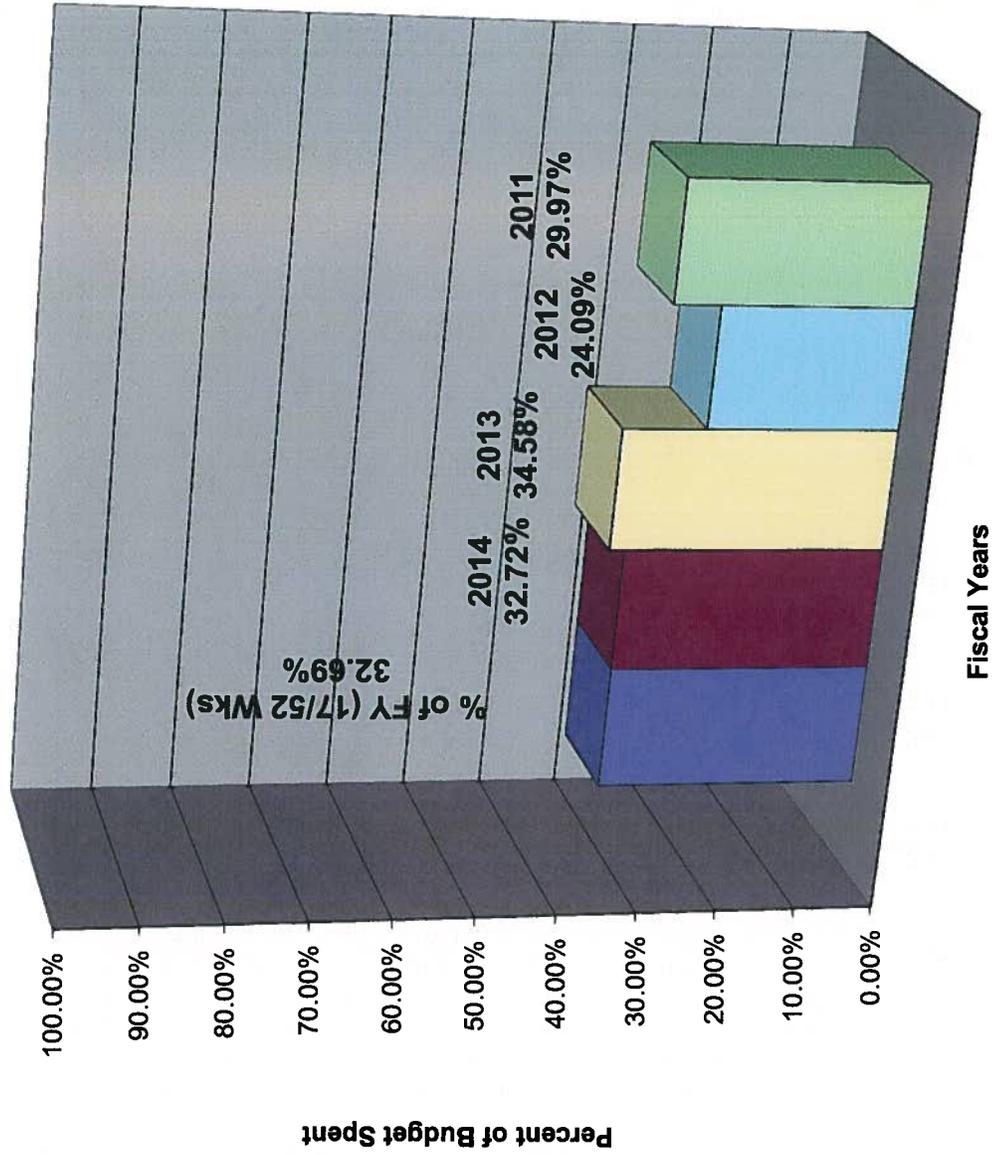
Wk	Period from	Period To	Voting Session Date	Pd Claims Request Amount	Budgeted Weekly Claims	# of Large Claims	Total of Large Claims	FY 2014 % of Budget Spent	FY 2013 % of Budget Spent
1	9/27/2013	10/3/2013	10/15/2013	\$ 885,221.27	\$ 1,029,764.52	5	\$ 195,295.06	1.65%	1.68%
2	10/4/2013	10/10/2013	10/22/2013	\$ 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%
9	11/22/2013	11/28/2013	12/10/2013	\$ 940,233.39	\$ 1,029,764.52	2	\$ 222,703.69	16.76%	18.28%
10	11/29/2013	12/5/2013	12/17/2013	\$ 1,212,118.51	\$ 1,029,764.52	5	\$ 182,392.18	19.03%	20.94%
11	12/6/2013	12/12/2013	*12/20/2013	\$ 615,656.75	\$ 1,029,764.52	3	\$ 107,366.02	20.18%	23.72%
12	12/13/2013	12/19/2013	**12/30/2013	\$ 995,001.70	\$ 1,029,764.52	3	\$ 358,745.50	22.03%	26.12%
13	12/20/2013	12/26/2013	1/7/2014	\$ 1,360,704.88	\$ 1,029,764.52	3	\$ 222,051.40	24.57%	27.88%
14	12/27/2013	1/2/2014	1/14/2014	\$ 653,436.13	\$ 1,029,764.52	1	\$ 28,139.66	25.80%	28.75%
15	1/3/2014	1/9/2014	1/21/2014	\$ 1,376,963.18	\$ 1,029,764.52	4	\$ 155,466.04	28.37%	30.39%
16	1/10/2014	1/16/2014	1/28/2014	\$ 932,402.70	\$ 1,029,764.52	5	\$ 310,357.04	30.11%	31.62%
17	1/17/2014	1/23/2014	2/4/2014	\$ 1,396,783.17	\$ 1,029,764.52	2	\$ 80,497.62	32.72%	34.58%
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	\$ 17,518,892.78	\$ 17,505,996.83	stop loss \$ (302,917.85)
Gross Paid Claims over (under) Original Budget		\$ 12,895.95	

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

\*Friday due to Holiday  
\*\*Monday due to Holiday

**Comparison of Claims to FY Budgets  
Week 17**





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

**Secured Message**

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

From: SIFSFX@UHC.COM  
To: NORMAN.MCREE@CO.TRAVIS.TX.US  
Date: January 24, 2014 6:46:29 AM GMT  
Subject: Secure Message from sifsfax@uhc.com

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: 2014-01-24 REQUEST AMOUNT: \$2,332,991.12

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

CALCULATION OF REQUEST AMOUNT

+ ENDING BANK ACCOUNT BALANCE FROM: 2014-01-23	\$1,040,212.73
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	\$1,627,828.27
+ CURRENT DAY NET CHARGE:	\$705,162.85
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	\$2,332,991.12

ACTIVITY FOR WORK DAY: 2014-01-17

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$52,336.21	\$00.00	\$52,336.21
TOTAL:	\$52,336.21	\$00.00	\$52,336.21

ACTIVITY FOR WORK DAY: 2014-01-21

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE

5

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2014\_01\_23

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	(265.46) A1	A1	4173246	AH	11	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(268.56) A1	A1	4140622	AH	9	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(275.85) A1	A1	4217435	AE	8	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(276.61) A1	A1	4181680	AA	7	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(291.77) A1	A1	4202592	AE	6	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(304.29) A1	A1	4218154	AE	18	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(304.29) A1	A1	4203058	AH	9	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(308.48) A1	A1	4207356	AA	1	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(313.52) A1	A1	4181681	AA	1	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(314.02) A1	A1	4207557	AH	5	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(325.14) A1	A1	4146636	AA	1	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(382.51) A1	A1	4210441	AH	1	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(383.22) A1	A1	4177445	AH	3	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(494.88) A1	A1	4219461	AE	9	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(513.84) A1	A1	4183681	AE	9	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(542.88) A1	A1	4150512	AA	5	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(543.61) A1	A1	4170050	AH	7	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(574.99) A1	A1	4166231	AH	6	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(654.62) A1	A1	4214465	AH	5	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(2,377.75) A1	A1	4177474	AH	1	1/17/2014	200	1/24/2014	1/23/2014
701254	632	632	(15,009.48) A1	A1	4143467	AH	9	1/17/2014	200	1/24/2014	1/23/2014

\$ 1,396,783.17

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

For the payment week ending: 01/23/2014

CONTR_#	TRANS_AMT	SRS	CHK_#	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: 01/23/2014

---

Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 172,891.71
	RR	1110068956	516110	\$ 18,524.76
			Total CEPO	\$ 191,416.47
EPO	EE	1110068956	516030	\$ 260,962.72
	RR	1110068956	516130	\$ 41,886.22
			Total EPO	\$ 302,848.94
PPO	EE	1110068956	516020	\$ 820,564.59
	RR	1110068956	516120	\$ 81,953.17
			Total PPO	\$ 902,517.76
			Grand Total	\$ 1,396,783.17