



Travis County Commissioners Court Agenda Request

Meeting Date: October 21, 2014

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

Elected/Appointed Official/Dept. Head: Leroy Nellis, County Executive -
Succession

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 \$1,701,688.17 for the period of October 3 to October 9, 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 \$1,701,688.17.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$1,701,688.17

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 21, 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: October 3 to October 9, 2014

REIMBURSEMENT REQUESTED FOR THIS PERIOD: \$1,701,688.17

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 \$1,701,688.17.

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
OCTOBER 3, 2014 TO OCTOBER 9, 2014

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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 14, 2014
 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 3, 2014
 TO: October 9, 2014

REIMBURSEMENT REQUESTED: \$ 1,701,688.17

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 2,403,976.41
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: October 14, 2014	\$ (702,414.24)
SAP corr	\$ -
Misc Adj	\$ 126.00
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$ 1,701,688.17
TRANSFER OF FUNDS REQUESTED:	\$ 1,701,688.17

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

All claims over \$25,000 (3 this week totaling \$276,037.29) 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 (\$219,525.87) 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 \$300,000 stop loss limit. Claims that have exceeded the limit will be reimbursed by United Healthcare; claims expenses are credited in the fiscal year reimbursed. Cumulative fiscal year stop loss reimbursements from UHC total \$0.00.

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.

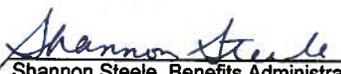
I certify that all data listed on this recommendation for transfer of funds is correct and that the payments shown have been made solely for the purpose of health insurance claims.


 Debbie Maynor, Director, HRMD 10/13/2014

 Date


 John Rabb, Benefits Manager 10/13/2014

 Date


 Shannon Steele, Benefits Administrator 10/10/2014

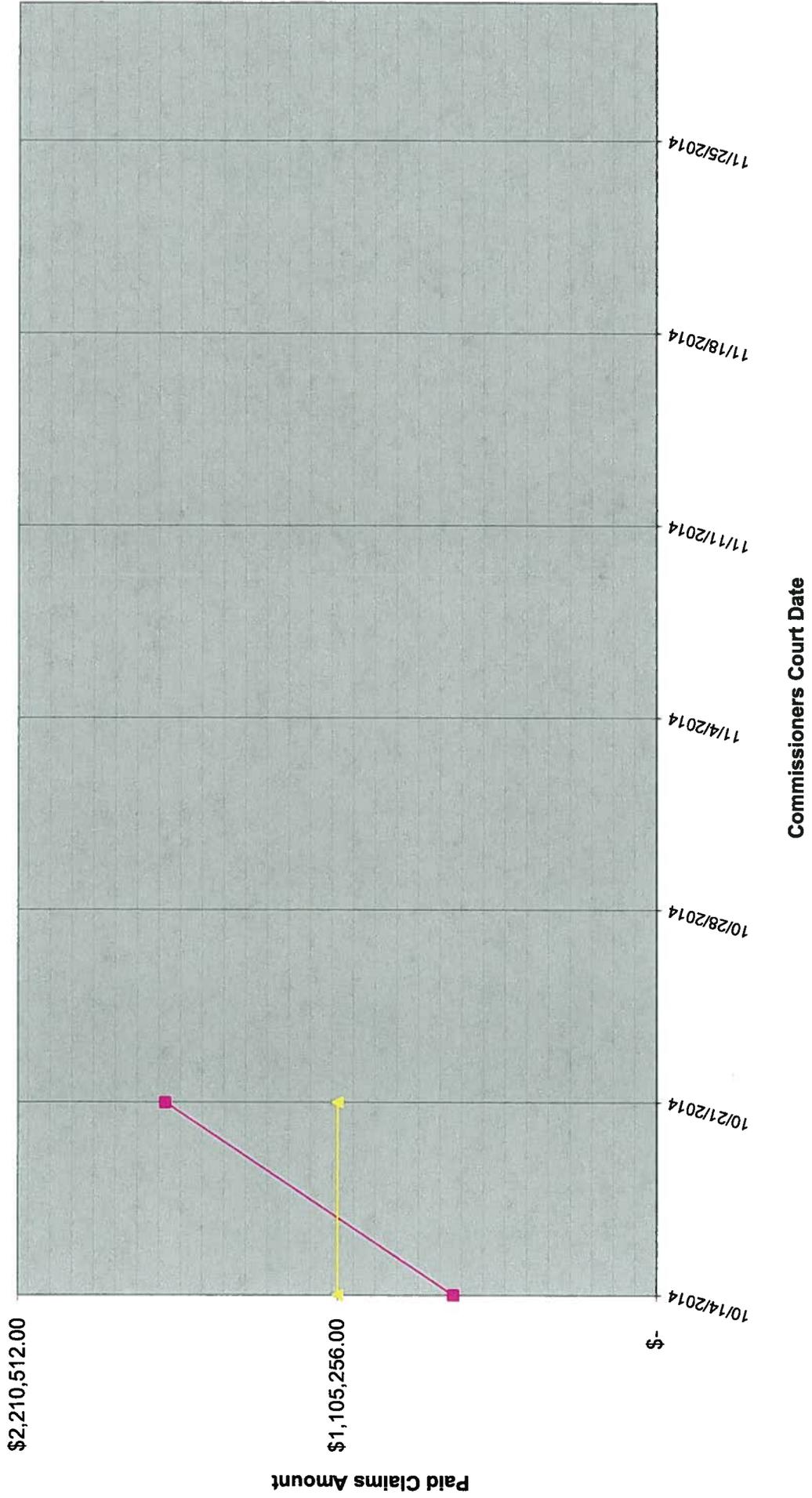
 Date


 Norman McRee, Financial Analyst 10/10/14

 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
 FY15 Paid Claims vs Original Weekly Claims Budget of \$1,105,255.79**



**Travis County Employee Benefit Plan
FY15 Weekly Paid Claims VS Weekly Budgeted Amount**

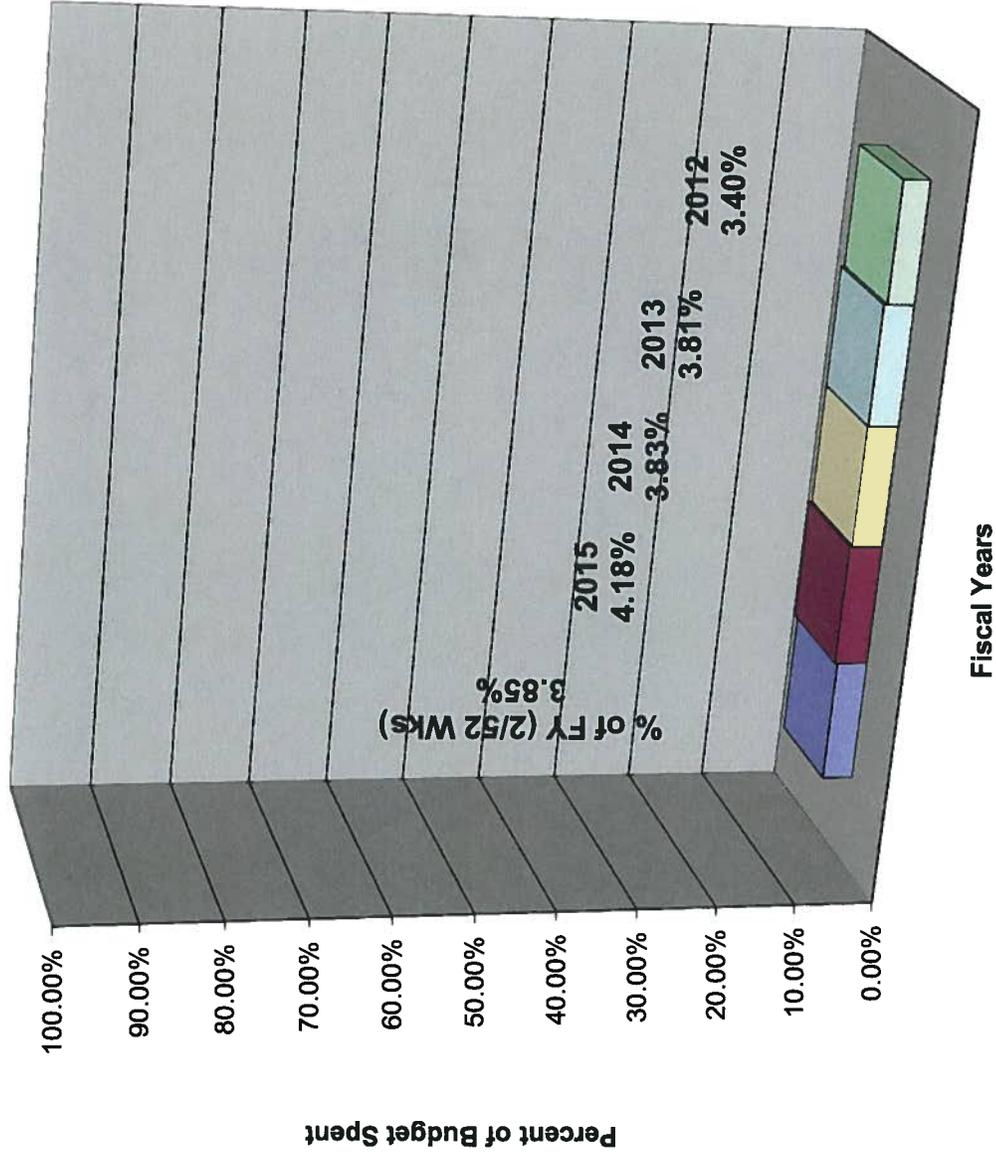
Wk	Period from	Period To	Voting Session Date	Pd Claims Request Amount	Budgeted Weekly Claims	# of Large Claims	Total of Large Claims	FY 2015 % of Budget Spent	FY 2014 % of Budget Spent
1	9/26/2014	10/2/2014	10/14/2014	\$ 702,414.24	\$ 1,105,255.79	1	\$ 36,024.96	1.22%	1.54%
2	10/3/2014	10/9/2014	10/21/2014	\$ 1,701,688.17	\$ 1,105,255.79	3	\$ 276,037.29	4.18%	3.83%
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Claims (net) & Budget to Date	\$ 2,404,102.41	\$ 2,210,511.58	stop loss	\$ -
Gross Paid Claims over (under) Revised Budget	\$ 193,590.83			

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 2**





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Secured Message

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From: SIFSFX@UHC.COM
 To: NORMAN.MCREE@CO.TRAVIS.TX.US
 Date: October 10, 2014 5:55:08 AM GMT
 Subject: Secure Message from sifsfax@uhc.com

CUSTOMERS WHO NORMALLY FUND ON MONDAY WILL BE ASKED TO DO SO ON FRIDAY ACCORDING TO THE COLUMBUS DAY HOLIDAY ACCELERATED SYSTEM FEED SCHEDULE.

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: 2014-10-10 REQUEST AMOUNT: \$2,403,976.41

CUSTOMER ID: 0000701254
 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: 2014-10-09	\$300,444.94
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	\$2,367,596.06
+ CURRENT DAY NET CHARGE:	\$36,380.35
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	\$2,403,976.41

ACTIVITY FOR WORK DAY: 2014-10-03

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$69,765.47	\$00.00	\$69,765.47
TOTAL:	\$69,765.47	\$00.00	\$69,765.47

ACTIVITY FOR WORK DAY: 2014-10-06

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
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UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2014_10_9

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	(325.17)	A1	4125432	AH	1	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(325.17)	A1	4056991	AH	6	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(327.79)	A1	4121160	AH	5	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(335.08)	A1	4046336	AA	1	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(340.96)	A1	4076234	AA	7	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(364.65)	A1	4077864	AA	11	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(370.04)	A1	4121161	AH	5	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(375.01)	QG	22317729	AA	11	5/23/2014	50	10/6/2014	10/9/2014
701254	632	632	(429.72)	A1	4096805	AH	5	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(432.31)	A1	4046323	AA	1	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(451.90)	A1	4074362	AH	1	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(455.32)	A1	4042035	AH	8	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(473.36)	A1	4095766	AE	1	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(489.46)	A1	4116155	AH	1	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(551.61)	QG	62183017	AA	6	4/4/2014	50	10/9/2014	10/9/2014
701254	632	632	(562.17)	A1	4129398	AE	5	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(578.02)	A1	4095945	AH	7	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(582.27)	A1	4105283	AE	5	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(677.96)	A1	4059167	AH	1	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(769.75)	A1	4096804	AH	5	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(809.28)	A1	4090872	AH	9	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(829.57)	A1	4056983	AA	3	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(1,241.23)	A1	4085396	AE	1	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(1,639.88)	A1	4101166	AA	11	10/1/2014	200	10/8/2014	10/9/2014
701254	632	632	(1,789.80)	QG	81534407	AH	7	9/30/2014	50	10/6/2014	10/9/2014

1,701,688.17

Travis County Employee Health Benefits Fund

UHC Payments Deemed Not Reimbursable

For the payment week ending: 10/9/2014

CONTR_#	TRANS_AMT	SRS	CHK_#	GRP	CLAIM 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: 10/9/2014

Type	EE/RR	Cost Center	G/L Account	Transaction Amount
CEPO	EE	1110068956	516010	\$ 356,840.90
	RR	1110068956	516110	\$ 39,037.14
				\$ -
			Total CEPO	\$ 395,878.04
EPO	EE	1110068956	516030	\$ 182,680.91
	RR	1110068956	516130	\$ 70,617.74
			Total EPO	\$ 253,298.65
PPO	EE	1110068956	516020	\$ 870,410.16
	RR	1110068956	516120	\$ 182,101.32
			Total PPO	\$ 1,052,511.48
			Grand Total	\$ 1,701,688.17