



Travis County Commissioners Court Agenda Request

Meeting Date: December 2, 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 \$939,734.78 for the period of November 14 to November 20, 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 \$939,734.78.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$939,734.78

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: December 2, 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: November 14 to November 20, 2014

REIMBURSEMENT REQUESTED FOR THIS PERIOD: \$939,734.78

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 \$939,734.78.

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 14, 2014 TO NOVEMBER 20, 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
RECOMMENDATION FOR TRANSFER OF FUNDS

DATE: December 2, 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: November 14, 2014
 TO: November 20, 2014

REIMBURSEMENT REQUESTED: \$ 939,734.78

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC:	\$ 1,730,709.44
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: November 25, 2014	\$ (790,974.66)
SAP corr	\$ -
Misc Adj	\$ -
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$ 939,734.78
*TRANSFER OF FUNDS REQUESTED:	\$ 939,734.78

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

All claims over \$25,000 (6 this week totaling \$318,028.64) 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 (\$99,194.78) 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.

 11/21/2014

 Debbie Maynor, Director, HRMD Date

 11/21/2014

 John Rabb, Benefits Manager Date

 11/21/2014

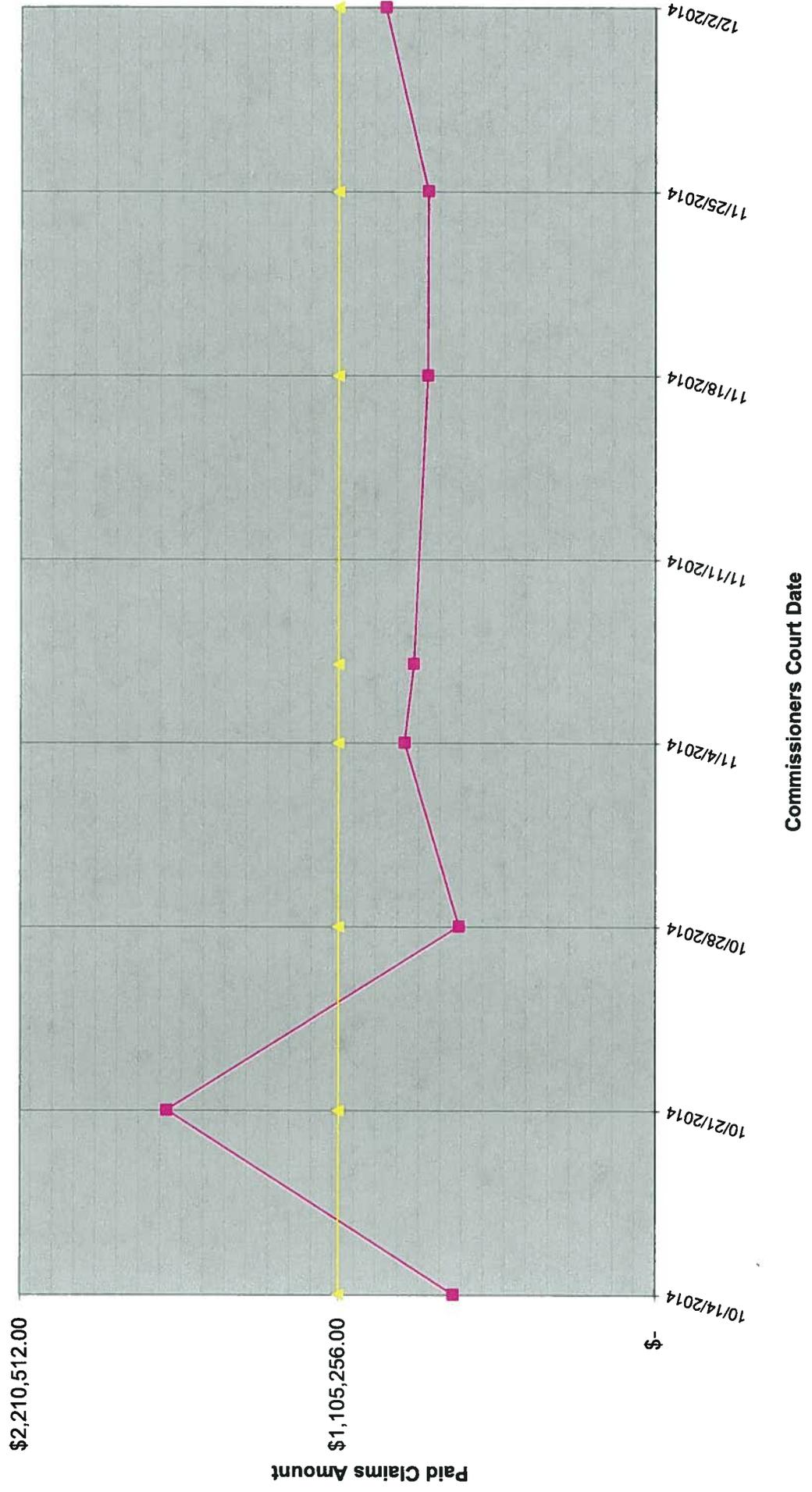
 Shannon Steele, Benefits Administrator Date

 11/21/14

 Norman McRee, Financial Analyst 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**

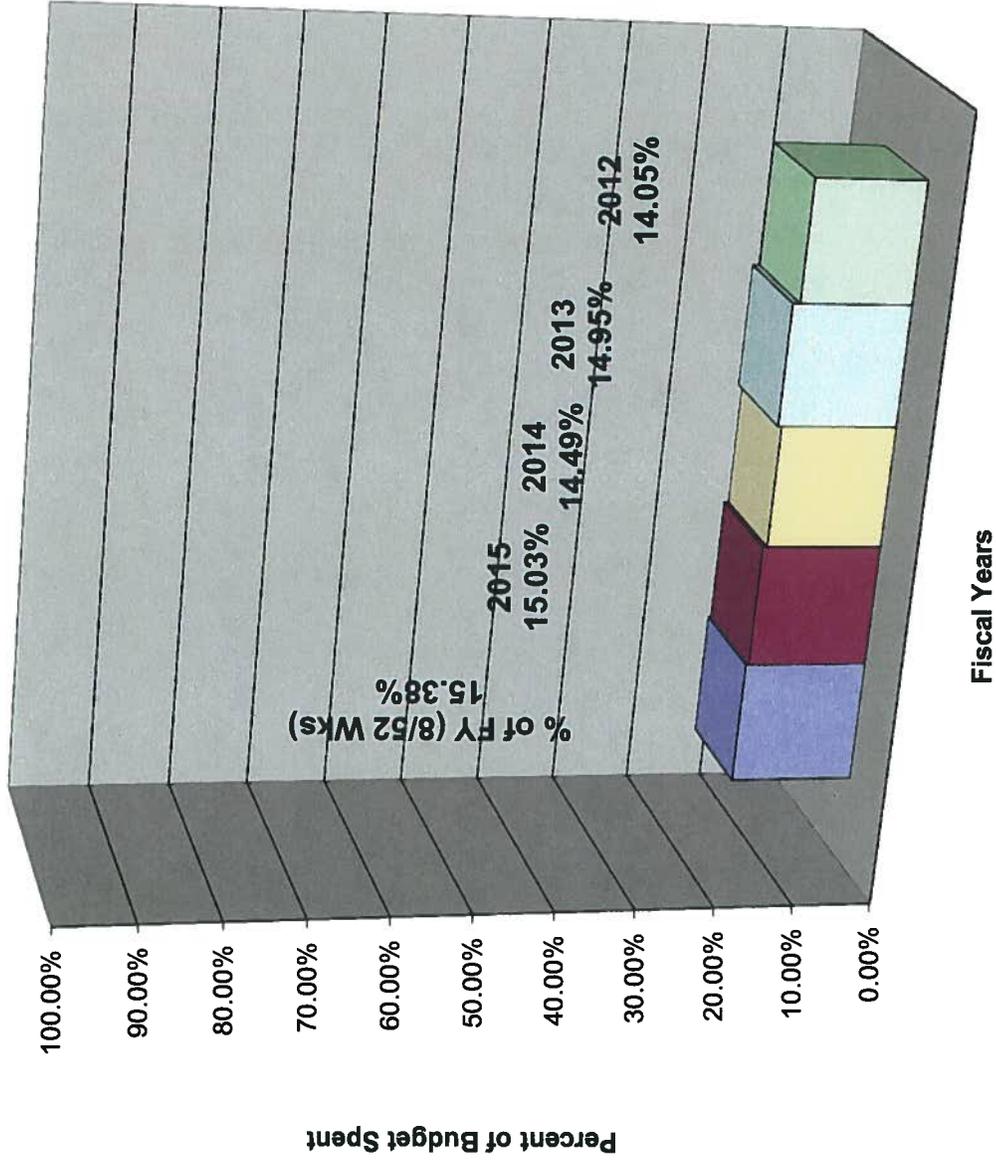
Wk	Period from	Period To	Voting Session Date	Pd Claims Request Amount	Budgeted Weekly Claims	# of Large Claims	Total of Large Claims	FY 2015 % of Budget Spent	FY 2014 % of Budget Spent
1	9/26/2014	10/2/2014	10/14/2014	\$ 702,414.24	\$ 1,105,255.79	1	\$ 36,024.96	1.22%	1.54%
2	10/3/2014	10/9/2014	10/21/2014	\$ 1,701,688.17	\$ 1,105,255.79	3	\$ 276,037.29	4.18%	3.83%
3	10/10/2014	10/16/2014	10/28/2014	\$ 683,056.24	\$ 1,105,255.79	2	\$ 72,871.17	7.66%	5.05%
4	10/17/2014	10/23/2014	11/4/2014	\$ 873,051.56	\$ 1,105,255.79	3	\$ 173,867.60	9.18%	7.53%
5	10/24/2014	10/30/2014	11/7/2014	\$ 840,910.26	\$ 1,105,255.79	5	\$ 180,468.80	10.64%	8.85%
6	10/31/2014	11/6/2014	11/18/2014	\$ 792,514.51	\$ 1,105,255.79	2	\$ 91,682.68	12.02%	11.44%
7	11/7/2014	11/13/2014	11/25/2014	\$ 790,974.66	\$ 1,105,255.79	3	\$ 121,763.79	13.40%	12.52%
8	11/14/2014	11/20/2014	12/2/2014	\$ 939,734.78	\$ 1,105,255.79	6	\$ 318,028.63	15.03%	14.49%
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Claims (net) & Budget to Date	\$ 8,640,693.64	\$ 8,842,046.31	stop loss	\$ -
Gross Paid Claims over (under) Revised Budget	\$ (201,352.67)		Pharmacy	\$ 1,316,349.22

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 8**





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Secured Message

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From: SIFSFX@UHC.COM
To: NORMAN.MCREE@CO.TRAVIS.TX.US
Date: November 21, 2014 5:41:36 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: 2014-11-21 REQUEST AMOUNT: \$1,730,709.44

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: 2014-11-20	\$997,878.98
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	\$1,670,162.02
+ CURRENT DAY NET CHARGE:	\$60,547.42
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	\$1,730,709.44

ACTIVITY FOR WORK DAY: 2014-11-14

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$99,393.95	\$00.00	\$99,393.95
TOTAL:	\$99,393.95	\$00.00	\$99,393.95

ACTIVITY FOR WORK DAY: 2014-11-17

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
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UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2014_11_20

CONTR_NBR	PLN_ID	TRANS_AMT	SRS_DESG_NBR	CHK_NBR	GRP_ID	CLM_ACCT_NBR	ISS_DT	TRANS_TYP_CD	TRANS_DT
632	\$ 0.23	QG	42662276	AH	11	494466929	100	11/17/2014	11/20/2014
632	\$ 0.12	QG	82664442	AH	1	467511303	100	11/19/2014	11/20/2014
632	\$ 0.01	QG	12680374	AH	6	417849386	100	11/19/2014	11/20/2014
632	\$ 0.01	QG	12680374	AH	8	450535524	100	11/19/2014	11/20/2014
632	\$ 0.01	QG	12680374	AH	5	637209442	100	11/19/2014	11/20/2014
632	\$ 0.01	QG	12680374	AH	1	413678466	100	11/19/2014	11/20/2014
632	\$ 0.01	QG	12680374	AA	1	435178339	100	11/19/2014	11/20/2014
632	\$ 0.01	QG	5601740	AE	6	349561625	100	11/21/2014	11/20/2014
632	\$ 0.01	QG	12680374	AE	7	453931198	100	11/19/2014	11/20/2014
632	\$ (7.70)	A1	3957680	AE	5	461830697	200	11/21/2014	11/20/2014
632	\$ (9.84)	QG	12221396	AA	1	455336276	50	11/17/2014	11/20/2014
632	\$ (11.18)	QG	12221396	AA	1	455336276	50	11/17/2014	11/20/2014
632	\$ (15.17)	QG	5192785	AA	7	433174543	50	11/21/2014	11/20/2014
632	\$ (41.17)	A1	3926849	AA	3	441603023	200	11/21/2014	11/20/2014
632	\$ (73.22)	QG	2527135	AH	3	462726040	50	11/18/2014	11/20/2014
632	\$ (83.43)	QG	93335273	AE	9	450591784	50	11/20/2014	11/20/2014
632	\$ (84.32)		16472860	AC	1	458494137	55	11/19/2014	11/20/2014
632	\$ (115.60)	A1	3940751	AH	8	452378677	200	11/21/2014	11/20/2014
632	\$ (206.38)	QG	52457861	AA	10	241621601	50	11/17/2014	11/20/2014
632	\$ (989.56)	A1	3926850	AA	3	441603023	200	11/21/2014	11/20/2014
632	\$ (1,050.16)	QG	32462958	AH	1	450317949	50	11/17/2014	11/20/2014
632	\$ (1,227.46)	QG	72501366	AA	8	405925152	50	11/17/2014	11/20/2014
632	\$ (1,361.13)	QG	82533568	AA	13	459136563	50	11/21/2014	11/20/2014

\$ 939,734.78

Travis County Employee Health Benefits Fund

UHC Payments Deemed Not Reimbursable

For the payment week ending: 11/20/2014

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: 11/20/2014

Type	EE/RR	Cost Center	G/L Account	Transaction Amount	
CEPO	EE	1110068956	516010	\$	65,653.52
	RR	1110068956	516110	\$	20,315.82
				\$	-
			Total CEPO	\$	85,969.34
EPO	EE	1110068956	516030	\$	159,017.94
	RR	1110068956	516130	\$	10,467.40
			Total EPO	\$	169,485.34
PPO	EE	1110068956	516020	\$	539,714.77
	RR	1110068956	516120	\$	144,565.33
			Total PPO	\$	684,280.10
			Grand Total	\$	939,734.78