



# Travis County Commissioners Court Agenda Request

**Meeting Date:** December 9, 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

A handwritten signature in blue ink, appearing to read "Leroy Nellis", is written over the text of the "Elected/Appointed Official/Dept. Head" field.

## 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 \$1,361,780.14 for the period of November 21 to November 27, 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 \$1,361,780.14.

## ISSUES AND OPPORTUNITIES:

See attached.

## FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (8956) – \$1,361,780.14

## 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 9, 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 21 to November 27, 2014

**REIMBURSEMENT REQUESTED FOR THIS PERIOD:** \$1,361,780.14

**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 \$1,361,780.14.

Please see the attached reports for supporting detail information.

TRAVIS COUNTY  
RECOMMENDATION FOR TRANSFER OF FUNDS

DATE: December 9, 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 21, 2014  
 TO: November 27, 2014

**REIMBURSEMENT REQUESTED: \$ 1,361,780.14**

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC:	\$ 2,301,514.92
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: December 2, 2014	\$ (939,734.78)
SAP corr	\$ -
Misc Adj	\$ -
<b>TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:</b>	<b>\$ 1,361,780.14</b>
<b>*TRANSFER OF FUNDS REQUESTED:</b>	<b>\$ 1,361,780.14</b>

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

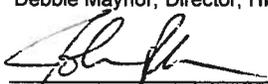
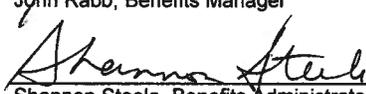
All claims over \$25,000 (11 this week totaling \$598,909.49) have been audited for data entry accuracy and the following information is correct for each claim audited: date of service, eligibility, nature of service, name of and amount billed by provider, amount billed by date and amount paid by UHC.

Fifteen percent (15%) of all claims under \$25,000 (\$121,917.09) 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.

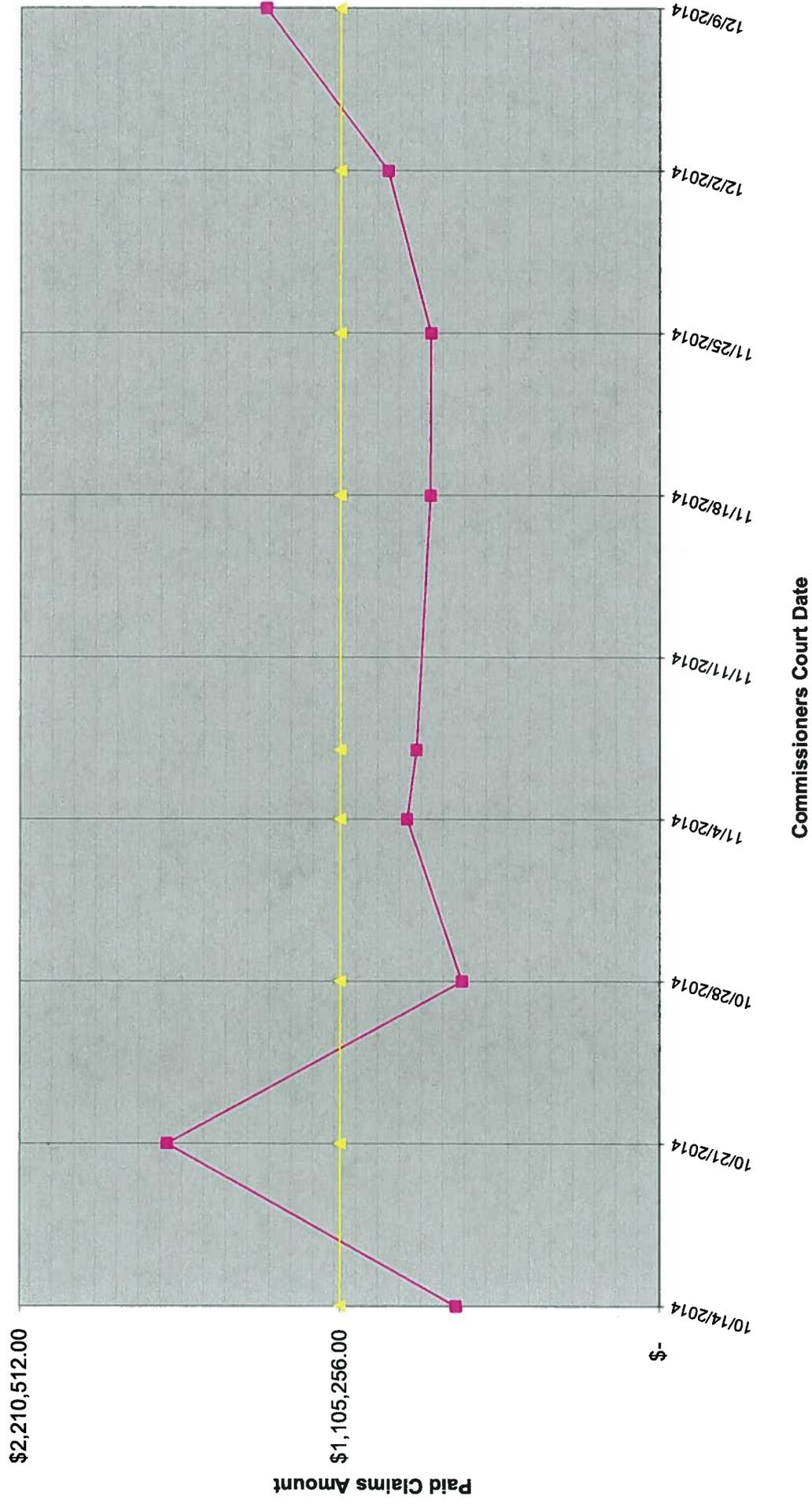
	12/2/2014
Debbie Maynor, Director, HRMD	Date
	12/2/14
John Rabb, Benefits Manager	Date
	12/2/14
Shannon Steele, Benefits Administrator	Date
	12/2/14
Norman McRee, Financial Analyst	Date

\* 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**  
**HOSPITAL AND INSURANCE FUND**  
**SUPPORTING DETAIL FOR THE**  
**WEEKLY REIMBURSEMENT REQUEST TO**  
**COMMISSIONERS COURT**  
**FOR THE PAYMENT PERIOD**  
**NOVEMBER 21, 2014 TO NOVEMBER 27, 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  
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**

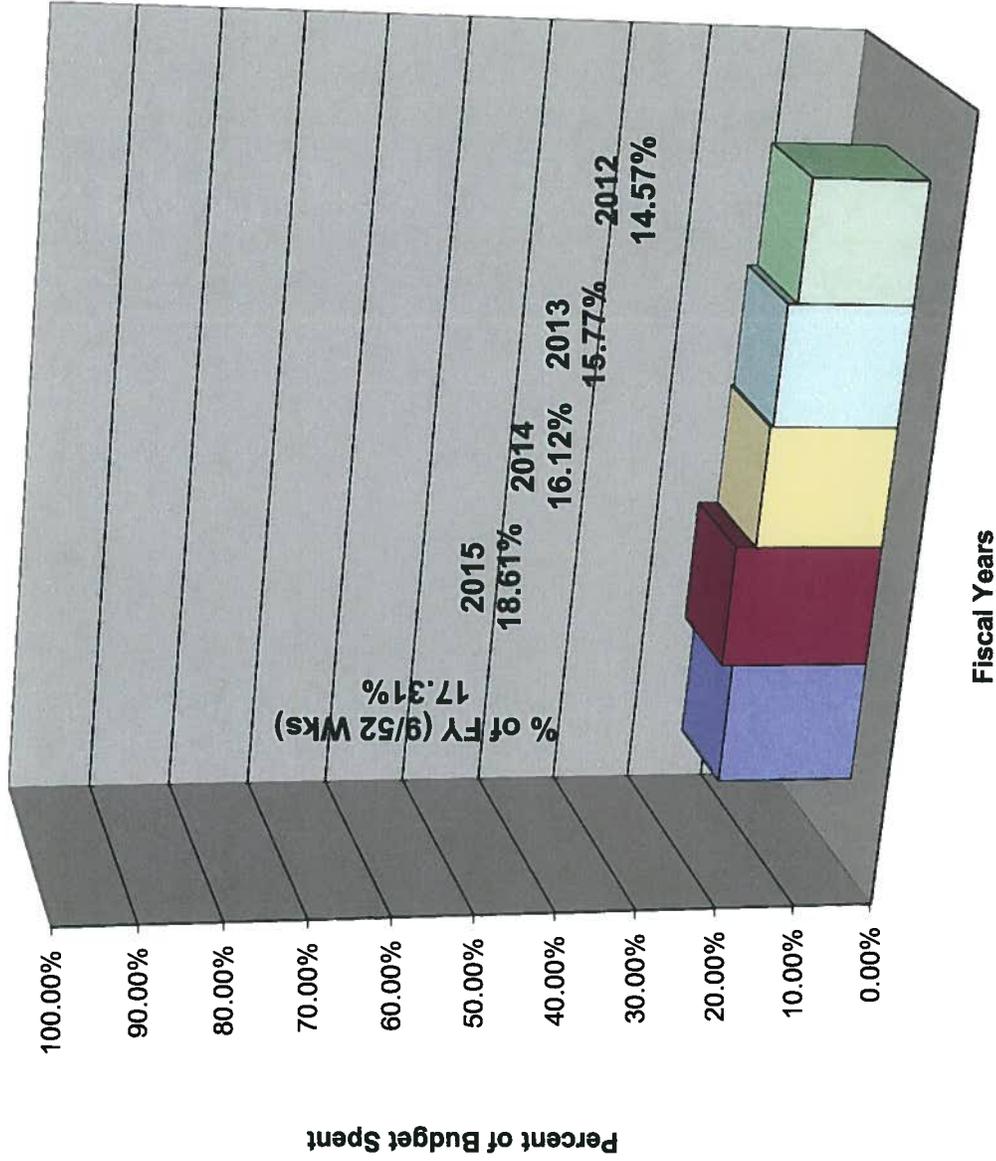
Wk	Period from	Period To	Voting Session Date	Pd Claims Request Amount	Budgeted Weekly Claims	# of Large Claims	Total of Large Claims	FY 2015 % of Budget Spent	FY 2014 % of Budget Spent
1	9/26/2014	10/2/2014	10/14/2014	\$ 702,414.24	\$ 1,105,255.79	1	\$ 36,024.96	1.22%	1.54%
2	10/3/2014	10/9/2014	10/21/2014	\$ 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	8.86%	5.05%
4	10/17/2014	10/23/2014	11/4/2014	\$ 873,051.56	\$ 1,105,255.79	3	\$ 173,867.60	10.38%	7.53%
5	10/24/2014	10/30/2014	11/7/2014	\$ 840,910.26	\$ 1,105,255.79	5	\$ 180,468.80	11.85%	8.85%
6	10/31/2014	11/6/2014	11/18/2014	\$ 792,514.51	\$ 1,105,255.79	2	\$ 91,682.68	13.22%	11.44%
7	11/7/2014	11/13/2014	11/25/2014	\$ 790,974.66	\$ 1,105,255.79	3	\$ 121,763.79	14.60%	12.52%
8	11/14/2014	11/20/2014	12/2/2014	\$ 939,734.78	\$ 1,105,255.79	6	\$ 318,028.63	16.24%	14.49%
9	11/21/2014	11/27/2014	12/9/2014	\$ 1,361,780.14	\$ 1,105,255.79	11	\$ 598,909.49	18.61%	16.12%
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Claims (net) & Budget to Date	\$ 10,692,919.29	\$ 9,947,302.10	stop loss	\$ -
Gross Paid Claims over (under) Revised Budget		\$ 745,617.19	Pharmacy	\$ 2,006,794.73

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 9**





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**Secured Message**

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From: SIFSFX@UHC.COM  
 To: NORMAN.MCREE@CO.TRAVIS.TX.US  
 Date: November 28, 2014 4:41:25 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: 2014-11-28 REQUEST AMOUNT: \$2,301,514.92

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: 2014-11-26	\$416,610.24
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	\$2,251,430.76
+ CURRENT DAY NET CHARGE:	\$50,084.16
+ ISSUED CREDIT AMOUNT:	\$00.00
+ FUNDING ADJUSTMENTS:	\$00.00
	\$2,301,514.92
REQUEST AMOUNT:	\$2,301,514.92

ACTIVITY FOR WORK DAY: 2014-11-21

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$48,056.20	\$00.00	\$48,056.20
TOTAL:	\$48,056.20	\$00.00	\$48,056.20

ACTIVITY FOR WORK DAY: 2014-11-24

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
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# Travis County Employee Health Benefits Fund

## UHC Payments Deemed Not Reimbursable

For the payment week ending: 11/27/2014

CONTR_#	TRANS_AMT	SRS	CHK_#	GRP	CLAIM 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: 11/27/2014

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Type	EE/RR	Cost Center	G/L Account	Transaction Amount	
CEPO	EE	1110068956	516010	\$	218,236.30
	RR	1110068956	516110	\$	88,944.49
				\$	-
			Total CEPO	\$	307,180.79
EPO	EE	1110068956	516030	\$	482,163.43
	RR	1110068956	516130	\$	35,151.84
			Total EPO	\$	517,315.27
PPO	EE	1110068956	516020	\$	495,920.22
	RR	1110068956	516120	\$	41,363.86
			Total PPO	\$	537,284.08
			Grand Total	\$	1,361,780.14