



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER _____

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DATE: 12/17/2024

**SUBJECT: CONSIDERATION OF INVOICE PAYMENT FOR EXTENDED MEDICAL
CLAIMS RUNOUT - UNITED HEALTHCARE**

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider approval of an invoice that will extend medical claims runout with United Healthcare from six (6) to twelve (12) months through the end of 2025.

BACKGROUND

Tarrant County is changing medical insurance vendors effective January 1, 2025. United Healthcare is the current plan year 2024 vendor, and Blue Cross Blue Shield is the new plan year 2025 vendor. The current contract with United Healthcare includes six months of medical claims runout through June 30, 2025, meaning that claims incurred on or before December 31, 2024 will be paid by United Healthcare as long as they are submitted by June 30, 2025. The PEBC Board voted to extend this runout period for a total of twelve months through December 31, 2025. The cost of extending the runout period is an additional month of fees, \$166,217.24, per the attached invoice.

FISCAL IMPACT

The cost to the Employee Group Medical Fund (65100-2025) is \$166,217.24.

SUBMITTED BY	Human Resources	PREPARED BY:	Anjanie Ramnarine
		APPROVED BY:	Anjanie Ramnarine

UHS Premium Billing
 PO BOX 94017
 Palatine, IL 60094-4017

PEBC - Tarrant County
 Dolores Lewis
 PO Box 5888
 Arlington, TX 76005-5888

Invoice No: 264212117968
 Invoice Date: 6-Dec-24
 Customer No: 549358
 Bill Group: 1
 Coverage Month: 01/01/2025-12/31/2025

Detail Activity

Line	Charge Period	Description	EE Count	Rate	Total
1	01/01/2025-12/31/2025	Total Active and COBRA PPO and HDP Fee	3827	\$ 39.27	\$ 150,286.29
2	01/01/2025-12/31/2025	Total Early Retiree PPO and HDP Med Plan	397	\$ 36.35	\$ 14,430.95
12 Month Total Run-out Claims Administration Cost					\$ 164,717.24
3	01/01/2025-12/31/2025	Pre-Authorizations Files to new Carrier (includes two file	2	\$ 300.00	\$ 600.00
4	01/01/2025-12/31/2025	Claim History Files to new Carrier (includes three files)	3	\$ 300.00	\$ 900.00
Total Run-Out Charges - 6 Month Option					\$ -
Total Run-Out Charges - 12 Month Option					\$ 166,217.24

Calculation of Run-Out Administration Cost:

EE count is based on 3-month average (July, August, September 2024) of Actives, COBRA subscribers, and Early Retirees enrolled in PPO or HDP according to UnitedHealthcare records on 10/17/2024
 Early Retiree PPO includes a PPO unit for PMD/MPD dependents enrolled in PPO Plan
 Base admin fee rate is \$39.27 for Actives and COBRA and \$36.35 for Early Retirees
 Cost based on # Months of enrollment = 1
 EAP and Stop Loss do not apply to the 12 month total run-out claims administration cost

Customer Name	Customer Number	Invoice #
PEBC - Tarrant County	549358	264212117968

Remit to Address (include invoice)

AMOUNT DUE \$ 166,217.24

UHS Premium Billing
 PO BOX 94017
 Palatine, IL 60094-4017

AMOUNT PAID \$ _____