

**Lee County Board Of County Commissioners  
Agenda Item Summary**

**Blue Sheet No. 20021412**

**1. REQUESTED MOTION:**

**ACTION REQUESTED:**

- 1) Approve establishment of budget in four new funds set up for the new Aetna health plan. Funds are for health, dental, flexible spending account (FSA) for medical reimbursement and FSA for dependent care.
- 2) Approve interfund budget transfers as budgeted to move budget from the current funds (57600 and 57601) for medical and dental activity with Florida 1<sup>st</sup> to these new funds.
- 3) Also, approve claims funding pursuant to F.S. 136.091. Authorize up to 1/12 of the expected claims for payments to Aetna for claims prior to receipt of the claims reports which will be reconciled on a monthly basis.

**WHY ACTION IS NECESSARY:**

This action is necessary to set up the accounts for the Aetna Insurance Company, which will be our new Health/Dental carrier effective January 1, 2003.

**WHAT ACTION ACCOMPLISHES:**

This creates and puts in place the necessary financing, accounts and authorizations needed to be in place for the January 1, 2003 start of the Aetna health plan.

**2. DEPARTMENTAL CATEGORY:**

**COMMISSION DISTRICT #**

*C6F*

**3. MEETING DATE:**

*12-17-2002*

**4. AGENDA:**

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:**  
*(Specify)*

- STATUTE 136.091 F.S.
- ORDINANCE
- ADMIN. CODE
- OTHER

**6. REQUESTOR OF INFORMATION:**

- A. COMMISSIONER
  - B. DEPARTMENT Human Resources
  - C. DIVISION
- BY: George Williams, Director

**7. BACKGROUND:**

The financial procedures with Aetna differ from what the County currently has in place with Florida 1<sup>st</sup>. Aetna will pay the claims as they come in (mostly electronically) with its own money. They request reimbursement from the County whenever the amount, which clears its bank, reaches \$20,000. Aetna requests that such transfers be made by the next business day. Should the County be unable to do so, or chose not to, interest would be assessed at .0026% daily.

Initially, Aetna cannot give the County backup documentation for claims except on a monthly basis, the County is establishing a special checking account in accordance with §136.091 of the Florida Statutes in the amount of up to 1/12 of the expected claim total from the health care account. **It is expected that by the end of the first quarter, Aetna will have the ability to give the County claim detail each time they request a wire transfer.**

In addition, Aetna will also administer the Flexible Spending Accounts (Medical Reimbursement Accounts and Dependent Care Reimbursement Accounts). The County will monitor the account use. Funding for these accounts will work the same as the medical and dental accounts described above.

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>checked for George Williams</i>				<i>Andrea Kasser</i>	OA	OM	Risk	GC	<i>[Signature]</i>
					<i>RK 12/5</i>	<i>upm 12/5</i>	<i>Y-S 12/5/02</i>	<i>12/5/02</i>	

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

**Rec. by CoAtty**  
Date: *12/5/02*  
Time: *3:47 pm*  
Forwarded To: *Budget*  
*12/5/02 3:59pm*

**RECEIVED BY COUNTY ADMIN. RK**  
*12-5-02*  
*4:00*  
COUNTY ADMIN.  
WARDED TO:  
*136 50*

REQUEST FOR TRANSFER OF FUNDS

FUND NAME: Group Medical Self-Ins DATE: December 5, 2002 BATCH NO.: \_\_\_\_\_

FISCAL YEAR: 02-03 FUND NO.: 57600 DOC. TYPE: YB LEDGER TYPE: BA

TO: Non-Departmental Interfund Transfers  
(Division Name) (Program Name)

NOTE: Please list the account number below in the following order:  
Business Unit (dept/div, program, fund, subfund); Object Account; Subsidiary; Subledger  
(Example: BB 5120100100.503450)

<u>Account Number</u>	<u>Object Name</u>	<u>DEBIT</u>
GC5810157600.509190.T57602	Subfund Trfr to 57602	\$ 15,000,000
GC5810157600.509190.T57610	Subfund Trfr to 57610	10,000

TOTAL TO: \$ 15,010,000

FROM: Non-Departmental Self-Insurance Group Medical  
(Division Name) (Program Name)

<u>Account Number</u>	<u>Object Name</u>	<u>CREDIT</u>
GC5133757600.504540	Self-Insurance Loss Fund	\$ 15,010,000

TOTAL FROM: \$ 15,010,000

EXPLANATION: To create budget for the new health provider – Aetna, per blue sheet #20021412.

DIVISION DIRECTOR SIGNATURE/DATE	DEPARTMENT HEAD SIGNATURE/DATE
DBO: APPROVAL <input checked="" type="checkbox"/> DENIAL _____	<u>Reginald K. Koster</u> <u>12/5/02</u>
OPS. MGR.: APPROVAL <input checked="" type="checkbox"/> DENIAL _____	OPS. ANALYST SIGNATURE DATE
CO. MGR.: APPROVAL <input checked="" type="checkbox"/> DENIAL _____	<u>[Signature]</u> <u>12/5/02</u>
	OPS. MGR. SIGNATURE DATE
	<u>[Signature]</u> <u>12-5-02</u>
	CO. MANAGER SIGNATURE DATE

BCC APPROVAL DATE: \_\_\_\_\_ BCC CHAIRMAN SIGNATURE \_\_\_\_\_

BA. NO. \_\_\_\_\_ AUTH CODE \_\_\_\_\_ TRANS DATE \_\_\_\_\_

**REQUEST FOR TRANSFER OF FUNDS**

FUND NAME: Group Dental Self-Ins DATE: December 5, 2002 BATCH NO.: \_\_\_\_\_

FISCAL YEAR: 02-03 FUND NO.: 57601 DOC. TYPE: YB LEDGER TYPE: BA

TO: \_\_\_\_\_  
Non-Departmental (Division Name) Interfund Transfers (Program Name)

NOTE: Please list the account number below in the following order:  
Business Unit (dept/div, program, fund, subfund); Object Account; Subsidiary; Subledger  
(Example: BB 5120100100.503450)

<u>Account Number</u>	<u>Object Name</u>	<u>DEBIT</u>
GC5810157601.509190.T57603	Subfund Trfr to 57603	\$ 1,000,000

TOTAL TO: \$ 1,000,000

FROM: \_\_\_\_\_  
Non-Departmental (Division Name) Self-Insurance Group Dental (Program Name)

<u>Account Number</u>	<u>Object Name</u>	<u>CREDIT</u>
GC5134057601.504540	Self-Insurance Loss Fund	\$ 1,000,000

TOTAL FROM: \$ 1,000,000

EXPLANATION: To create budget for the new health provider – Aetna, per blue sheet #20021412.

DIVISION DIRECTOR SIGNATURE/DATE	DEPARTMENT HEAD SIGNATURE/DATE
DBO: APPROVAL <input checked="" type="checkbox"/> DENIAL _____	<u>Reginald R. Kerton</u> 12/5/02
OPS. MGR.: APPROVAL <input checked="" type="checkbox"/> DENIAL _____	OPS/ANALYST SIGNATURE DATE
CO. MGR.: APPROVAL <input checked="" type="checkbox"/> DENIAL _____	<u>[Signature]</u> 12/5/02
	OPS MGR. SIGNATURE DATE
	<u>[Signature]</u> 12-5-02
	CO. MANAGER SIGNATURE DATE

BCC APPROVAL DATE: \_\_\_\_\_ BCC CHAIRMAN SIGNATURE \_\_\_\_\_

BA. NO. \_\_\_\_\_ AUTH CODE \_\_\_\_\_ TRANS DATE \_\_\_\_\_

S:\DATA\OPS\REG\WORD\Budget Amendments\Transfer in Fund 57601 BS#21412.doc

# RESOLUTION #

Amending the Group Medical - Aetna Fund #57602 Budget for additional revenues for Fiscal Year 2002-2003.

**WHEREAS**, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend the Group Medical - Aetna Fund #57602 budget for \$15,000,000 of unanticipated revenue from sub fund transfers and an appropriation of a like amount for health service costs;

**WHEREAS**, the Group Medical - Aetna Fund #57602 budget shall be amended to include the following amounts which were previously not included.

<b>ESTIMATED REVENUES</b>		
Prior Total:		\$0
Additions		
GC5810157602.381900.957600	Transfer from fund 57600	\$15,000,000
Amended Total Estimated Revenues		\$15,000,000

<b>APPROPRIATIONS</b>		
Prior Total:		\$0
Additions		
GC5133757602.504540	Self-Insurance Loss Funds	\$15,000,000
Amended Total Appropriations		\$15,000,000

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Lee County, Florida, that the Group Medical - Aetna Fund #57602 budget is hereby amended to show the above additions to its Estimated Revenue and Appropriation accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this \_\_\_\_ day of \_\_\_\_\_, 2002.

ATTEST:  
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY: \_\_\_\_\_  
DEPUTY CLERK

\_\_\_\_\_  
CHAIRMAN

APPROVED AS TO FORM

\_\_\_\_\_  
OFFICE OF COUNTY ATTORNEY

DOC TYPE YA  
LEDGER TYPE BA

# RESOLUTION #

Amending the Group Dental - Aetna Fund #57603 Budget for additional revenues for Fiscal Year 2002-2003.

**WHEREAS**, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend the Group Dental - Aetna Fund #57603 budget for \$1,000,000 of unanticipated revenue from sub fund transfers and an appropriation of a like amount for dental service costs;

**WHEREAS**, the Group Dental - Aetna Fund #57603 budget shall be amended to include the following amounts which were previously not included.

## ESTIMATED REVENUES

Prior Total:		\$0
Additions		
GC5810157603.381900.957601	Transfer from fund 57601	\$1,000,000
Amended Total Estimated Revenues		\$1,000,000

## APPROPRIATIONS

Prior Total:		\$0
Additions		
GC5134057603.504540	Self-Insurance Loss Funds	\$1,000,000
Amended Total Appropriations		\$1,000,000

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Lee County, Florida, that the Group Dental - Aetna Fund #57603 budget is hereby amended to show the above additions to its Estimated Revenue and Appropriation accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this \_\_\_\_ day of \_\_\_\_\_, 2002.

ATTEST:  
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY: \_\_\_\_\_  
DEPUTY CLERK

\_\_\_\_\_  
CHAIRMAN

APPROVED AS TO FORM

\_\_\_\_\_  
OFFICE OF COUNTY ATTORNEY

DOC TYPE YA  
LEDGER TYPE BA

# RESOLUTION #

Amending the FSA - Medical Fund #57610 Budget for additional revenues for Fiscal Year 2002-2003.

**WHEREAS**, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend the FSA - Medical Fund #57610 budget for \$40,000 of unanticipated revenue from sub fund transfers and employee contributions and an appropriation of a like amount for medical service costs;

**WHEREAS**, the FSA - Medical Fund #57610 budget shall be amended to include the following amounts which were previously not included.

## ESTIMATED REVENUES

Prior Total:		\$0
Additions		
GC5810157610.381900.957600	Transfer from fund 57600	\$10,000
GC5000057610.341200.9049	FSA - Employee	30,000
Amended Total Estimated Revenues		\$40,000

## APPROPRIATIONS

Prior Total:		\$0
Additions		
GC5133557610.504540	Self-Insurance Loss Funds	\$40,000
Amended Total Appropriations		\$40,000

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Lee County, Florida, that the FSA - Medical Fund #57610 budget is hereby amended to show the above additions to its Estimated Revenue and Appropriation accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this \_\_\_\_ day of \_\_\_\_\_, 2002.

ATTEST:  
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY: \_\_\_\_\_  
DEPUTY CLERK

\_\_\_\_\_  
CHAIRMAN

APPROVED AS TO FORM

\_\_\_\_\_  
OFFICE OF COUNTY ATTORNEY

DOC TYPE YA  
LEDGER TYPE BA

# RESOLUTION #

Amending the FSA -- Dependent Care Fund #57611 Budget for additional revenues for Fiscal Year 2002-2003.

**WHEREAS**, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend the FSA -- Dependent Care Fund #57611 budget for \$100,000 of unanticipated revenue from employee contributions and an appropriation of a like amount for dependent care costs;

**WHEREAS**, the FSA -- Dependent Care Fund #57611 budget shall be amended to include the following amounts which were previously not included.

## ESTIMATED REVENUES

Prior Total:		\$0
Additions		
GC5000057611.341200.9049	FSA -- Employee	\$100,000
Amended Total Estimated Revenues		\$100,000

## APPROPRIATIONS

Prior Total:		\$0
Additions		
GC5133957611.504540	Self-Insurance Loss Funds	\$100,000
Amended Total Appropriations		\$100,000

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Lee County, Florida, that the FSA -- Dependent care Fund #57611 budget is hereby amended to show the above additions to its Estimated Revenue and Appropriation accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this \_\_\_ day of \_\_\_\_\_, 2002.

ATTEST:  
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY: \_\_\_\_\_  
DEPUTY CLERK

\_\_\_\_\_  
CHAIRMAN

APPROVED AS TO FORM

\_\_\_\_\_  
OFFICE OF COUNTY ATTORNEY

DOC TYPE YA  
LEDGER TYPE BA