State of Arkansas



ARKANSAS STATE POLICE



l State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"

ARKANSAS STATE POLICE COMMISSION

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Bill Benton Heber Springs

Stephen Edwards Marianna

February 9, 2017

Senator Larry Teague Representative Lane Jean Co-chairmen Joint Budget Committee 315 State Capitol Little Rock, AR. 72201

Dear Senator Teague and Representative Jean:

Per Act 1422 of 2001, Section 17, the Department of Arkansas State Police shall report monthly to the Governor, the Chief Fiscal Officer of the State, and to the Arkansas Legislative Council or Joint Budget Committee regarding the activity and condition of the Uniformed Employee Health Insurance Plan.

Enclosed is the report for month ending 1/31/17. If you have any further questions, please contact this office at 501-618-8720.

Thank you

Sincerely,

Captain Mike Kennedy

Administrative Services Division

Arkansas State Police Uniformed Health Plan Fund Balance-January 2017

MONTH END

ACTUAL YEAR TO DATE

DECORIDATION	WONTH END	YEAR TO DATE
DESCRIPTION		ILAN TO DATE
BEGINNING FUND BALANCE:	\$1,292,932.87	\$1,292,932.87
PLUS RECEIPTS:		
Active Employees	600,814.00	600,814.00
Active Dental/Vision	36,721.32	36,721.32
Retirees	127,402.10	127,402.10
COBRA	619.85	619.85
Act 1500 DL Fees	235,438.12	235,438.12
Refunds & Voids	0.00	0.00
Interest Earned	696.67	696.67
Other-Stop Loss	183,325.37	183,325.37
Other-Retiree Drug Subsidy	15,893.49	15,893.49
Other-Drug Card Rebate	0.00	0.00
Other-LWOP Premiums	0.00	0.00
Other-Suspension Premiums	0.00	0.00
Other-Additional Premiums	0.00	0.00
SUBTOTAL RECEIPTS:	1,200,910.92	1,200,910.92
FUND BALANCE AVAILABLE:	<u>\$2,493,843.79</u>	\$2,493,843.79
LESS DISBURSEMENTS:		
Health, Dental & Vision Claims	1,186,695.86	1,186,695.86
Reinsurance Premiums	75,283.96	75,283.96
QualChoice/LDI	33,315.00	33,315.00
Delta Dental Admin.	4,286.52	4,286.52
DataPath & Primepay COBRA	780.00	780.00
Part D Advisors	3,973.37	3,973.37
Miscellanous-Premium Refund	0.00	0.00
Other-Health Plan Consultant	0.00	0.00
Other-Transitional Reinsurance Fee	0.00	0.00
Other-Professional Svc(GASB report)	0.00	0.00
Other-Hodges/Mace Admin	1,132.00	1,132.00
LDI Admin	23,127.50	23,127.50
PCORI	63,270.45	63,270.45
SUBTOTAL DISBURSEMENTS:	<u>\$1,391,864.66</u>	\$1,391,864.66
ENDING FUND BALANCE:	\$1,101,979.13	\$1,101,979.13
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00
TOTAL FUND BALANCE	\$6,101,979.13	\$6,101,979.13
ACT 4500 Povenue		

ACT 1500 Revenue		
TOTAL ACT1500 REVENUE FOR THE MONTH:	12/31/2016	\$470,876.23
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$235,438.12
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$235,438.11
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$2,979,057.47
PROJECTED HOLDING BY 12/31/2016		\$3,000,000.00
		\$20,942.53

MOND	D	ental/Visio	n Employe	es	Dont	al Claims Paid	Vision	Claims Paid	Total Claims Paid			
MO/YR	EE	ES	EC	FAM	Denta			Oldinis i did	1014			
JAN	188	207	64	272	\$	54,713.02	\$	3,015.44	\$	57,728.46		
FEB									\$			
MAR									\$	-		
APR									\$	-		
MAY									\$	-		
JUN									\$	_		
JUL									\$			
AUG									\$	-		
SEP						. :			\$	-		
OCT									\$	-		
NOV									\$	-		
DEC									\$	-		
Totals	188	207	64	272	\$	54,713.02	\$	3,015.44	\$	57,728.46		



Arkansas State Police 2017 Total Medical & RX Cash Flow Report "Paid" Reporting

Final Aggregate Reimbursements will be calculated based on actual monthly employee counts and each client's contract basis, as audited at the end of the contract period.

1	2	3	4	5	7	8	9		10		11	12	1	3	14	15	16	17	18	1	19	20	21		22
	Med	dical/RX	Employ	rees																				\neg	
								T	Exclusions	Ad	ld! Fees														Total
			Į.		QualChoice	LDI RX Card	Total Combin	ned	under	Elig	gible for	Specific Claims	Specific	Claims	Monthly Eligible	Monthly	LDI RX Card	QualChoice	Total Com	bined	Į.		Total Fixe	а М	ledical/Fixed
MO/YR	s	ES	EC	F	Claims	Claims	Med/RX Clai	ims	Aggregate	Aga	gregate	Requested	Rece	ived	Aggregate Claims	Attachment Point	Admin Fees	Admin Fees	Admin	Fees Specif	ic Cost	Aggregate Co	st Cost		Cost
17-Jan	259	362	71	462	\$1,028,430.71	\$288,124.26	\$ 1,316,55	4.97	\$ -	\$		\$ -	\$ 139	,393.88	\$ 1,316,554.97	\$ 1,265,395.25	5 24,277.50	\$ 33,315.0	\$ 57,5	92.50 \$ 68,8	879.46	\$ 5,404.5	0 \$ 75,283.	96 \$	1,449,431.43
17-Feb							5	-	ş -	\$		\$ -	\$	- [\$ -	5 -	\$ -	5 -	\$	- \$	-	5 -	ş -	- \$	•
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17-Dec		ļ				Į	\$	-	\$ -	\$	· ·	\$ -	\$		\$ -	\$ -	\$ -	\$ -	\$	- \$		\$ -	\$ -	\$	
TOTALS:					\$ 1,028,430.71	\$ 288,124.26	\$ 1,316,55	54.97	\$ -	\$		5 -	\$ 139	9,393.88	\$ 1,316,554.97	\$ 1,265,395.25	\$ 24,277.50	\$ 33,315.0	0 \$ 57,5	92.50 \$ 68,	879.46	\$ 6,404.5	50 \$ 75,283	.96 \$	1,449,431.43
Less Total	Specific i	Reimbu	rsemen	ts to da	te																			\$	139,393.88
Total Blan	Coeter																							¢	1 310 037 55

Total Plan Costs: \$ 1,310,037.55

7.75%

201702

Specific Contract: 24/12 Medical & RX Specific Rates: 2017 Specific Relmbursements: 2016 Specific Reimbursements Specific Deductible: \$ 210,000.00 EO: 56,093.51 21.40 Member 1 \$ Member 1 Aggregating Specific: S 200,000.00 EF: 70.54 Member 2 \$ Member 2 2,028.11 Member 3 \$ Member 3 13,760,08 Aggregate Contract: 24/12 Medical & RX Aggregate Factors: Member 4 \$ Member 4 67,512.18 \$40.35 Member 5 \$ Member 5

Year to Date Loss Ratio:

Aggregate Premium: \$ 5.56 EF; 1,257.48

Laser 1

\$ 300,000.00 (contingent) Minimum Attachment Point:

Laser 2 15,184,743.00

Laser 3

*The Exclusions under Aggregate are the claims above \$210,000 for those members who are lasered and any Aggregating Specific amount.