



State of Arkansas



ARKANSAS STATE POLICE

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

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"

Asa Hutchinson
Governor

William J. Bryant
Director

ARKANSAS STATE POLICE COMMISSION

John Allison
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Little Rock

Jane Dunlap Christenson
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Jeffery Teague
El Dorado

October 11, 2018

Senator Bill Sample
Representative Jim Dotson
Co-chairman
Arkansas Legislative Council
315 State Capitol
Little Rock, AR. 72201

Dear Senator Sample and Representative Dotson:

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 9/30/18. If you have any further questions, please contact this office at 501-618-8720.

Thank you

Sincerely,

Major Charles Hubbard
Administrative Services Division

**Arkansas State Police Uniformed Health Plan
Fund Balance-September 2018**

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	<u>\$2,810,382.40</u>	<u>\$1,877,561.19</u>
PLUS RECEIPTS:		
Active Employees	591,332.00	5,409,912.00
Active Dental/Vision	35,246.60	354,651.66
Retirees	129,463.16	1,159,414.13
COBRA	0.00	155.96
Act 1500 DL Fees	250,249.65	2,007,309.67
Refunds & Voids	0.00	1,363.08
Interest Earned	4,863.82	29,112.25
Other-Stop Loss	0.00	117,703.79
Other-Retiree Drug Subsidy	20,389.01	186,966.35
Other-Drug Card Rebate	0.00	537,362.40
Other-LWOP Premiums	0.00	2,250.15
Other-Suspension Premiums	0.00	801.20
Other-Additional Premiums	0.00	0.00
Other-Additional Premium Contribution	0.00	1,500,000.00
CD's Redeemed	0.00	0.00
SUBTOTAL RECEIPTS:	<u>1,031,544.24</u>	<u>11,307,002.64</u>
FUND BALANCE AVAILABLE:	<u>\$3,841,926.64</u>	<u>\$13,184,563.83</u>
LESS DISBURSEMENTS:		
Health, Prescription, Dental & Vision Claims	852,919.28	8,895,099.31
Reinsurance Premiums	92,110.51	836,130.95
QualChoice	33,106.00	299,178.00
Delta Dental Admin.	4,480.50	40,705.70
DataPath & Primepay COBRA	780.00	7,120.00
Part D Advisors	5,097.25	58,651.39
Miscellaneous-Premium Refund	0.00	2,857.68
Other-Health Plan Consultant	7,500.00	7,500.00
Other-Transitional Reinsurance Fee	0.00	0.00
Other-Professional Svc(GASB report)	0.00	0.00
Other-Hodges/Mace Admin	1,142.00	14,394.05
LDI Admin	30,630.00	207,848.92
PCORI	0.00	0.00
LDI Audit	0.00	913.73
Other-Bank charge	0.00	3.00
SUBTOTAL DISBURSEMENTS:	<u>\$1,027,765.54</u>	<u>\$10,370,402.73</u>
ENDING FUND BALANCE:	<u>\$2,814,161.10</u>	<u>\$2,814,161.10</u>
CERTIFICATES OF DEPOSIT	\$3,500,000.00	3,500,000.00
TOTAL FUND BALANCE	<u>\$6,314,161.10</u>	<u>\$6,314,161.10</u>

ACT 1500 Revenue Summary

TOTAL ACT1500 REVENUE FOR THE MONTH :	08/01/2018	\$500,499.29
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$250,249.65
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$250,249.65
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$1,818,298.19
PROJECTED HOLDING BY 12/31/18		\$3,000,000.00
		<u>\$1,181,701.81</u>

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	190	210	61	253	\$ 48,860.22	\$ 5,862.00	\$ 54,722.22
FEB	193	211	62	251	\$ 49,273.14	\$ 5,445.56	\$ 54,718.70
MAR	219	212	64	252	\$ 49,619.01	\$ 6,053.37	\$ 55,672.38
APR	215	213	64	253	\$ 44,574.44	\$ 6,207.48	\$ 50,781.92
MAY	213	214	62	254	\$ 46,237.35	\$ 6,993.98	\$ 53,231.33
JUN	212	214	58	257	\$ 38,752.27	\$ 3,359.65	\$ 42,111.92
JUL	212	216	66	254	\$ 40,105.80	\$ 5,340.05	\$ 45,445.85
AUG	212	208	53	250	\$ 40,104.02	\$ 6,719.60	\$ 46,823.62
SEP	212	209	54	251	\$ 41,294.12	\$ 5,137.60	\$ 46,431.72
OCT					\$ -	\$ -	\$ -
NOV					\$ -	\$ -	\$ -
DEC					\$ -	\$ -	\$ -
Totals	209	212	60	253	\$ 398,820.37	\$ 51,119.29	\$ 449,939.66



Arkansas State Police
2018 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 13 14 15 16 17 18 19 20 21 22																					
Medical/RX Employees																					
MO/YR	S	ES	EC	F	QualChoice Claims	LDI RX Card Claims	Total Combined Med/RX Claims	Exclusions under Aggregate	Addl Fees Eligible for Aggregate	Specific Claims Requested	Specific Claims Received	Monthly Eligible Aggregate Claims	Monthly Attachment Point	LDI RX Card Admin Fees	QualChoice Admin Fees	Total Combined Admin Fees	Specific Cost	Aggregate Cost	Total Fixed Cost	Total Medical/Fixed Cost	
#####	254	359	70	449	\$ 628,784.38	\$ 358,253.32	\$ 987,037.70	\$ -	\$ -	\$ -	\$ 23,697.04	\$ 987,037.70	\$ 1,369,077.02	\$ 24,435.00	\$ 32,520.00	\$ 56,955.00	\$ 95,843.86	\$ 8,713.92	\$ 104,557.78	\$ 1,148,550.48	
#####	253	360	73	446	\$ 547,918.01	\$ 277,874.14	\$ 825,792.15	\$ -	\$ -	\$ -	\$ 23,164.64	\$ 825,792.15	\$ 1,369,857.69	\$ 21,712.50	\$ 32,636.00	\$ 54,348.50	\$ 84,300.25	\$ 7,686.48	\$ 91,986.73	\$ 972,127.38	
#####	274	361	75	455	\$ 496,174.83	\$ 258,963.32	\$ 755,138.15	\$ -	\$ -	\$ -	\$ -	\$ 755,138.15	\$ 1,399,155.42	\$ 22,197.50	\$ 32,580.00	\$ 54,777.50	\$ 83,700.18	\$ 7,671.64	\$ 91,371.82	\$ 901,287.47	
#####	272	359	76	458	\$ 514,986.27	\$ 306,460.63	\$ 821,446.90	\$ -	\$ -	\$ -	\$ -	\$ 821,446.90	\$ 1,400,716.76	\$ 22,245.00	\$ 34,484.00	\$ 56,729.00	\$ 87,416.13	\$ 7,671.64	\$ 95,087.77	\$ 973,263.67	
#####	269	361	75	458	\$ 851,233.95	\$ 273,471.76	\$ 1,124,705.71	\$ -	\$ -	\$ -	\$ -	\$ 1,124,705.71	\$ 1,400,289.57	\$ 22,452.50	\$ 33,790.00	\$ 56,242.50	\$ 85,942.58	\$ 7,949.20	\$ 93,891.78	\$ 1,274,839.99	
#####	270	358	71	461	\$ 497,624.42	\$ 276,462.51	\$ 774,086.93	\$ -	\$ -	\$ -	\$ -	\$ 774,086.93	\$ 1,395,355.10	\$ 21,025.00	\$ 33,502.00	\$ 54,527.00	\$ 85,738.25	\$ 7,881.20	\$ 93,619.45	\$ 922,233.38	
#####	268	360	69	458	\$ 1,203,476.52	\$ 244,874.24	\$ 1,448,350.76	\$ 152,596.43	\$ -	\$ -	\$ -	\$ 1,295,754.33	\$ 1,389,993.44	\$ 20,627.50	\$ 33,550.00	\$ 54,177.50	\$ 85,668.29	\$ 7,894.80	\$ 93,563.09	\$ 1,596,091.35	
#####	271	356	68	454	\$ 464,073.39	\$ 299,312.03	\$ 763,385.42	\$ (72,590.31)	\$ -	\$ -	\$ -	\$ 835,975.73	\$ 1,379,343.83	\$ 21,205.00	\$ 33,010.00	\$ 54,215.00	\$ 84,450.83	\$ 7,772.40	\$ 92,223.23	\$ 909,823.65	
#####	272	354	67	458	\$ 684,924.84	\$ 254,150.20	\$ 939,075.04	\$ 134,974.37	\$ -	\$ -	\$ -	\$ 804,100.67	\$ 1,381,332.36	\$ 19,435.00	\$ 33,106.00	\$ 52,541.00	\$ 84,310.91	\$ 7,799.60	\$ 92,110.51	\$ 1,083,726.55	
#####					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
#####					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
#####					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTALS:					\$ 5,889,196.61	\$ 2,549,822.15	\$ 8,439,018.76	\$ 214,980.49	\$ -	\$ -	\$ 46,861.68	\$ 8,224,038.27	\$ 12,485,121.19	\$ 195,335.00	\$ 299,178.00	\$ 494,513.00	\$ 777,371.28	\$ 71,040.88	\$ 848,412.16	\$ 9,781,943.92	

Less Total Specific Reimbursements to date

\$ 46,861.68

Total Plan Costs:

\$ 9,735,082.24

Specific Contract: 24/12 Medical & RX **Specific Rates:**
 Specific Deductible: \$ 210,000.00 EO: \$ 26.59
 Aggregating Specific: \$ 200,000.00 EF: \$ 88.16

Aggregate Contract: 24/12 Medical & RX **Aggregate Factors:**
 Aggregate Premium: \$ 6.80 EO: \$ 603.93
 EF: \$ 1,384.60

2018 Specific Reimbursements:
 Member 1 \$ -
 Member 2 \$ -
 Member 3 \$ -
 Member 4 \$ -
 Member 5 \$ -

2017 Specific Reimbursements:
 Member 1 \$ 23,697.04
 Member 2 \$ 23,164.64
 Member 3 \$ -
 Member 4 \$ -
 Member 5 \$ -

Lasers:
 Laser 1 \$ 300,000.00 **Minimum Attachment Point:**
 Laser 2 \$ 1,250,000.00 \$ 16,428,924.24
 Laser 3

Year to Date Loss Ratio: 49.77%

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