



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

May 11, 2017

ARKANSAS  
STATE POLICE  
COMMISSION

Dr. Lewis Shepherd  
Chairman  
*Arkadelphia*

John Allison  
Vice-Chairman  
*Conway*

Bob Burns  
Secretary  
*Little Rock*

Jane Dunlap Christenson  
*Harrison*

Neff Basore  
*Bella Vista*

Bill Benton  
*Heber Springs*

Stephen Edwards  
*Marianna*

Senator Bill Sample  
Representative David L. Branscum  
Co-chairmen  
Arkansas Legislative Council  
315 State Capitol  
Little Rock, AR. 72201

Dear Senator Sample and Representative Branscum:

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 4/30/17. 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-April 2017

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
<b>BEGINNING FUND BALANCE:</b>	<u>\$1,737,036.89</u>	<u>\$1,292,932.87</u>
<b>PLUS RECEIPTS:</b>		
Active Employees	1,400,814.00	3,203,256.00
Active Dental/Vision	36,304.24	146,492.05
Retirees	127,129.59	506,624.56
COBRA	619.85	2,479.40
Act 1500 DL Fees	278,263.69	974,886.25
Refunds & Voids	0.00	10,589.73
Interest Earned	612.84	2,258.01
Other-Stop Loss	0.00	183,325.37
Other-Retiree Drug Subsidy	50,004.23	85,022.63
Other-Drug Card Rebate	0.00	46,587.64
Other-LWOP Premiums	421.55	918.79
Other-Suspension Premiums	296.85	296.85
Other-Additional Premiums	0.00	0.00
CD's Redeemed	0.00	1,500,000.00
<b>SUBTOTAL RECEIPTS:</b>	<u>1,894,466.84</u>	<u>6,662,737.28</u>
<b>FUND BALANCE AVAILABLE:</b>	<u>\$3,631,503.73</u>	<u>\$7,955,670.15</u>
<b>LESS DISBURSEMENTS:</b>		
Health, Dental & Vision Claims	1,012,984.47	4,848,956.89
Reinsurance Premiums	74,478.56	298,961.52
QualChoice	33,064.00	133,223.00
Delta Dental Admin.	4,426.99	17,744.45
DataPath & Primepay COBRA	780.00	3,120.00
Part D Advisors	12,501.06	21,255.66
Miscellaneous-Premium Refund	606.80	934.95
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	1,129.00	4,524.50
LDI Admin	24,075.00	95,425.00
PCORI	0.00	63,270.45
LDI Audit	0.00	795.88
<b>SUBTOTAL DISBURSEMENTS:</b>	<u>\$1,164,045.88</u>	<u>\$5,488,212.30</u>
<b>ENDING FUND BALANCE:</b>	<u>\$2,467,457.85</u>	<u>\$2,467,457.85</u>
<b>CERTIFICATES OF DEPOSIT</b>	\$3,500,000.00	3,500,000.00
<b>TOTAL FUND BALANCE</b>	<u>\$5,967,457.85</u>	<u>\$5,967,457.85</u>

**ACT 1500 Revenue Summary**

TOTAL ACT1500 REVENUE FOR THE MONTH :	03/31/2017	\$556,527.39
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$278,263.69
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$278,263.70
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$739,448.16
PROJECTED HOLDING BY 12/31/17		\$3,000,000.00
		<u>\$2,260,551.84</u>

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	188	207	64	272	\$ 54,713.02	\$ 3,015.44	\$ 57,728.46
FEB	186	209	65	269	\$ 51,593.31	\$ 6,467.37	\$ 58,060.68
MAR	183	209	64	264	\$ 56,028.92	\$ 7,853.71	\$ 63,882.63
APR	182	209	64	259	\$ 36,430.74	\$ 5,225.09	\$ 41,655.83
MAY							\$ -
JUN							\$ -
JUL							\$ -
AUG							\$ -
SEP							\$ -
OCT							\$ -
NOV							\$ -
DEC							\$ -
<b>Totals</b>	<b>185</b>	<b>209</b>	<b>64</b>	<b>266</b>	<b>\$ 198,765.99</b>	<b>\$ 22,561.61</b>	<b>\$ 221,327.60</b>



**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	13	14	15	16	17	18	19	20	21	22
Medical/RX Employees					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
17-Jan	259	362	70	462	\$ 1,028,430.71	\$ 288,124.26	\$ 1,316,554.97	\$ -	\$ -	\$ -	\$ 139,393.88	\$ 1,316,554.97	\$ 1,264,137.77	\$ 24,277.50	\$ 33,315.00	\$ 57,592.50	\$ 68,879.46	\$ 6,404.50	\$ 75,283.96	\$ 1,449,431.43
17-Feb	259	365	70	457	\$ 953,973.51	\$ 290,003.02	\$ 1,243,976.53	\$ 179,008.31	\$ -	\$ -	\$ -	\$ 1,064,968.22	\$ 1,261,622.81	\$ 23,405.00	\$ 33,422.00	\$ 56,827.00	\$ 68,697.30	\$ 6,421.80	\$ 75,119.10	\$ 1,375,922.63
17-Mar	256	364	71	454	\$ 769,023.36	\$ 322,670.37	\$ 1,091,693.73	\$ 91,213.16	\$ -	\$ -	\$ -	\$ 1,000,480.57	\$ 1,256,229.32	\$ 24,467.50	\$ 32,993.50	\$ 57,461.00	\$ 67,730.69	\$ 6,349.21	\$ 74,079.90	\$ 1,223,234.63
17-Apr	255	365	70	452	\$ 699,194.19	\$ 260,575.87	\$ 959,770.06	\$ 59,231.72	\$ -	\$ -	\$ -	\$ 900,538.34	\$ 1,253,174.01	\$ 22,375.00	\$ 33,064.00	\$ 55,439.00	\$ 68,117.92	\$ 6,360.64	\$ 74,478.56	\$ 1,089,687.62
17-May							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17-Jun							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17-Jul							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17-Aug							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17-Sep							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17-Oct							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17-Nov							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17-Dec							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTALS:</b>					\$ 3,450,621.77	\$ 1,161,373.52	\$ 4,611,995.29	\$ 329,453.19	\$ -	\$ -	\$ 139,393.88	\$ 4,282,542.10	\$ 5,035,163.91	\$ 94,525.00	\$ 132,794.50	\$ 227,319.50	\$ 273,475.37	\$ 25,536.15	\$ 298,961.52	\$ 5,138,276.31

Less Total Specific Reimbursements to date

<b>Total Plan Costs:</b>																					\$ 139,393.88	\$ 4,998,882.43
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201702																						
Specific Contract:	24/12	Medical & RX	Specific Rates:									2017 Specific Reimbursements:		2016 Specific Reimbursements								
Specific Deductible:	\$	210,000.00	EO:	\$	21.40							Member 1	\$	56,093.51								
Aggregating Specific:	\$	200,000.00	EF:	\$	70.54							Member 2	\$	2,028.11								
Aggregate Contract:	24/12	Medical & RX	Aggregate Factors:									Member 3	\$	13,760.08								
Aggregate Premium:	\$	5.56	ED:	\$	540.35							Member 4	\$	67,512.18								
			EF:	\$	1,257.48							Member 5	\$	-								

<b>Lasers:</b>																						
Laser 1	\$	300,000.00	(contingent)	Minimum Attachment Point:																		
Laser 2	\$	525,000.00		\$	15,169,653.24																	
Laser 3																						

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