



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

April 13, 2017

ARKANSAS
STATE POLICE
COMMISSION

Dr. Lewis Shepherd
Chairman
Arkadelphia

John Allison
Vice-Chairman
Conway

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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 3/31/17. 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-March 2017

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	<u>\$770,705.41</u>	<u>\$1,292,932.87</u>
PLUS RECEIPTS:		
Active Employees	600,814.00	1,802,442.00
Active Dental/Vision	36,649.44	110,187.81
Retirees	126,023.96	379,494.97
COBRA	619.85	1,859.55
Act 1500 DL Fees	249,853.21	696,622.56
Refunds & Voids	0.00	10,589.73
Interest Earned	496.20	1,645.17
Other-Stop Loss	0.00	183,325.37
Other-Retiree Drug Subsidy	19,124.91	35,018.40
Other-Drug Card Rebate	46,587.64	46,587.64
Other-LWOP Premiums	0.00	497.24
Other-Suspension Premiums	0.00	0.00
Other-Additional Premiums	0.00	0.00
CD's Redeemed	1,500,000.00	1,500,000.00
SUBTOTAL RECEIPTS:	<u>2,580,169.21</u>	<u>4,768,270.44</u>
FUND BALANCE AVAILABLE:	<u>\$3,350,874.62</u>	<u>\$6,061,203.31</u>
LESS DISBURSEMENTS:		
Health, Dental & Vision Claims	1,459,058.13	3,835,972.42
Reinsurance Premiums	74,079.90	224,482.96
QualChoice/LDI	33,422.00	100,159.00
Delta Dental Admin.	4,515.47	13,317.46
DataPath & Primepay COBRA	780.00	2,340.00
Part D Advisors	4,781.23	8,754.60
Miscellaneous-Premium Refund	0.00	328.15
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	2,263.50	3,395.50
LDI Admin	34,937.50	71,350.00
PCORI	0.00	63,270.45
LDI Audit	0.00	795.88
SUBTOTAL DISBURSEMENTS:	<u>\$1,613,837.73</u>	<u>\$4,324,166.42</u>
ENDING FUND BALANCE:	<u>\$1,737,036.89</u>	<u>\$1,737,036.89</u>
CERTIFICATES OF DEPOSIT	\$3,500,000.00	3,500,000.00
TOTAL FUND BALANCE	<u>\$5,237,036.89</u>	<u>\$5,237,036.89</u>

ACT 1500 Revenue Summary

TOTAL ACT1500 REVENUE FOR THE MONTH :	02/28/2017	\$422,662.47
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$249,853.21
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$249,853.21
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$461,184.45
PROJECTED HOLDING BY 12/31/17		\$3,000,000.00
		\$2,538,815.55

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							\$ -
MAY							\$ -
JUN							\$ -
JUL							\$ -
AUG							\$ -
SEP							\$ -
OCT							\$ -
NOV							\$ -
DEC							\$ -
Totals	186	208	64	268	\$ 162,335.25	\$ 17,336.52	\$ 179,671.77



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.

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Medical/RX Employees					7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
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	
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					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17-May					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17-Jun					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17-Jul					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17-Aug					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17-Sep					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17-Oct					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17-Nov					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17-Dec					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTALS:					\$ 2,751,427.58	\$ 900,797.65	\$ 3,652,225.23	\$ 270,221.47	\$ -	\$ -	\$ 139,393.88	\$ 3,382,003.76	\$ 3,781,989.90	\$ 72,150.00	\$ 99,730.50	\$ 171,880.50	\$ 205,307.45	\$ 19,175.51	\$ 224,482.96	\$ 4,048,588.69	

Less Total Specific Reimbursements to date \$ 139,393.88

Total Plan Costs: \$ 3,909,194.81

		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
				Member 3	\$ 13,760.08
Aggregate Contract:	24/12 Medical & RX	Aggregate Factors:		Member 4	\$ 67,512.18
		EO:	\$ 540.35	Member 5	\$ -
Aggregate Premium:	\$ 5.56	EF:	\$ 1,257.48		

Lasers:					
Laser 1	\$ 300,000.00 (contingent)	Minimum Attachment Point:		Year to Date Loss Ratio:	21.38%
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.