



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

February 9, 2017

ARKANSAS
STATE POLICE
COMMISSION

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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,

Capt. 

Captain Mike Kennedy
Administrative Services Division

Arkansas State Police Uniformed Health Plan
Fund Balance-January 2017

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	<u>\$1,292,932.87</u>	<u>\$1,292,932.87</u>
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:	<u>1,200,910.92</u>	<u>1,200,910.92</u>
FUND BALANCE AVAILABLE:	<u>\$2,493,843.79</u>	<u>\$2,493,843.79</u>
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
Miscellaneous-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>	<u>\$1,391,864.66</u>
ENDING FUND BALANCE:	<u>\$1,101,979.13</u>	<u>\$1,101,979.13</u>
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00
TOTAL FUND BALANCE	<u>\$6,101,979.13</u>	<u>\$6,101,979.13</u>

ACT 1500 Revenue Summary		
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

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							\$ -
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.

MO/YR	Medical/RX Employees		QualChoice Claims	LOIRX Card Claims	Total Combined Med/RX Claims	Exclusions under Aggregate	Add'l Fees Eligible for Aggregate	Specific Claims Requested	Specific Claims Received	Monthly Eligible Aggregate Claims	Monthly Attachment Point	LOIRX Card Admin Fees	QualChoice Admin Fees	Total Combined Admin Fees	Specific Cost	Aggregate Cost	Total fixed	Total Medical/Fixed Cost
	II	II																
17-Jan	522	111	SI 028,430.71	\$288,124.26	1,316,554.97	1,316,554.97	1,316,554.97	139,393.88	139,393.88	1,316,554.97	1,316,554.97	24,277.80	33,315.00	57,592.80	\$ 68,879.46	6,404.50	75,283.96	\$ 1,449,431.43
17-Feb																		
17-Mar																		
17-Apr																		
17-May																		
17-Jun																		
17-Jul																		
17-Aug																		
17-Sep																		
17-Oct																		
17-Nov																		
17-Dec																		
TOTALS:			1,028,430.71	\$ 288,124.26	1,316,554.97	1,316,554.97		139,393.88	139,393.88	1,316,554.97	1,316,554.97	24,277.80	33,315.00	57,592.80	\$ 68,879.46	6,404.50	75,283.96	\$ 1,449,431.43

Less Total Specific Reimbursements to date
Total Plan Costs: \$ 1,310,037.55

Specific Contract:	24/12	Medical & RX Specific Rates:	201702
Specific Deductible:	\$ 210,000.00	EO:	21.40
Aggregating Specific:	\$ 200,000.00	H:	70.54
Aggregate Contract:	24/12	Medical & RX Aggregate Rates:	
Aggregate Premium:		EO:	\$40.35
		EF:	1,257.48
Lasers:			
Laser 1	300,000.00 (contingent)	Minimum Attachment Point:	15,184,743.00
Laser 2	525,000.00		
Laser 3			

2016 Specific Reimbursements:
 Member 1 55,093.51
 Member 2 2,028.11
 Member 3 13,760.08
 Member 4 67,312.18
 Members

2017 Specific Reimbursements:
 Member 1
 Member 2
 Member 3
 Member 4
 Members

Year to Date Loss Ratio: 7.75%

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