

State of Arkansas



Asa Hutchinson
Governor

ARKANSAS STATE POLICE

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

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"



William J. Bryant
Director

ARKANSAS
STATE POLICE
COMMISSION

John Allison
Chairman
Conway

Bob Burns
Vice-Chairman
Little Rock

Jane Dunlap Christenson
Secretary
Harrison

Neff Basore
Bella Vista

Bill Benton
Heber Springs

Stephen Edwards
Marianna

February 8, 2018

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 1/31/18. 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-January 2018**

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	<u>\$1,877,561.19</u>	<u>\$1,877,561.19</u>
PLUS RECEIPTS:		
Active Employees	605,986.00	605,986.00
Active Dental/Vision	34,819.52	34,819.52
Retirees	129,396.26	129,396.26
COBRA	155.96	155.96
Act 1500 DL Fees	189,011.48	189,011.48
Refunds & Voids	45.74	45.74
Interest Earned	747.67	747.67
Other-Stop Loss	94,507.15	94,507.15
Other-Retiree Drug Subsidy	14,364.04	14,364.04
Other-Drug Card Rebate	0.00	0.00
Other-LWOP Premiums	0.00	0.00
Other-Suspension Premiums	126.06	126.06
Other-Additional Premiums	0.00	0.00
Other-Additional Premium Contribution	0.00	0.00
CD's Redeemed	0.00	0.00
SUBTOTAL RECEIPTS:	<u>1,069,159.88</u>	<u>1,069,159.88</u>
FUND BALANCE AVAILABLE:	<u>\$2,946,721.07</u>	<u>\$2,946,721.07</u>
LESS DISBURSEMENTS:		
Health, Prescription, Dental & Vision Claims	787,184.33	787,184.33
Reinsurance Premiums	91,842.61	91,842.61
QualChoice	32,520.00	32,520.00
Delta Dental Admin.	4,375.44	4,375.44
DataPath & Primepay COBRA	780.00	780.00
Part D Advisors	3,591.01	3,591.01
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	2,263.50	2,263.50
LDI Admin	24,135.00	24,135.00
PCORI	0.00	0.00
LDI Audit	65.80	65.80
Other-Bank charge	3.00	3.00
SUBTOTAL DISBURSEMENTS:	<u>\$946,760.69</u>	<u>\$946,760.69</u>
ENDING FUND BALANCE:	<u>\$1,999,960.38</u>	<u>\$1,999,960.38</u>
CERTIFICATES OF DEPOSIT	\$3,500,000.00	3,500,000.00
TOTAL FUND BALANCE	<u>\$5,499,960.38</u>	<u>\$5,499,960.38</u>

ACT 1500 Revenue Summary

TOTAL ACT1500 REVENUE FOR THE MONTH :	12/31/2017	\$378,022.96
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$189,011.48
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$189,011.48
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$2,882,899.49
PROJECTED HOLDING BY 12/31/17		\$3,000,000.00
		\$117,100.51

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					\$ -	\$ -	\$ -
MAR					\$ -	\$ -	\$ -
APR					\$ -	\$ -	\$ -
MAY					\$ -	\$ -	\$ -
JUN					\$ -	\$ -	\$ -
JUL					\$ -	\$ -	\$ -
AUG					\$ -	\$ -	\$ -
SEP					\$ -	\$ -	\$ -
OCT					\$ -	\$ -	\$ -
NOV					\$ -	\$ -	\$ -
DEC					\$ -	\$ -	\$ -
Totals	190	210	61	253	\$ 48,860.22	\$ 5,862.00	\$ 54,722.22



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																										
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						
17-Jan	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						
17-Feb					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Mar					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Apr					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-May					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Jun					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Jul					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Aug					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Sep					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Oct					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Nov					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
17-Dec					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
TOTALS:					\$ 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						
Less Total Specific Reimbursements to date																				\$ 23,697.04						
Total Plan Costs:																				\$ 1,124,853.44						

Specific Contract: 24/12 Medical & RX	Specific Rates:	2018 Specific Reimbursements:	2017 Specific Reimbursements:
Specific Deductible: \$ 210,000.00	EO: \$ 26.59	Member 1 \$ -	Member 1 \$ 23,697.04
Aggregating Specific: \$ 200,000.00	EF: \$ 88.16	Member 2 \$ -	Member 2 \$ -
		Member 3 \$ -	Member 3 \$ -
Aggregate Contract: 24/12 Medical & RX	Aggregate Factors:	Member 4 \$ -	Member 4 \$ -
Aggregate Premium: \$ 6.80	EO: \$ 603.93	Member 5 \$ -	Member 5 \$ -
	EF: \$ 1,384.60		

Lasers:	Minimum Attachment Point:	Year to Date Loss Ratio:	5.86%
Laser 1 \$ 300,000.00	\$ 16,428,924.24		
Laser 2 \$ 1,250,000.00			
Laser 3			

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