



Asa Hutchinson
Governor

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"



William J. Bryant
Director

ARKANSAS STATE POLICE COMMISSION

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August 12, 2015

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 7/31/15. If you have any further questions, please contact this office at 501-618-8720.

Thank you

Sincerely,

Major Stan Witt
Administrative Services Division

Arkansas State Police Uniformed Health Plan
Fund Balance-July 2015

DESCRIPTION	MONTH END 7/31/15	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	\$3,194,024.83	\$3,633,461.00
PLUS RECEIPTS:		
Active Employees	1,382,910.00	4,667,310.00
Active Dental/Vision	38,167.65	282,331.95
Retirees	115,720.29	799,665.32
COBRA	706.33	4,425.43
Act 1500 DL Fees	257,183.57	1,776,992.67
Refunds & Voids	0.00	4,890.71
Interest Earned	859.52	5,116.66
Other-Stop Loss	0.00	493,110.99
Other-Retiree Drug Subsidy	0.00	161,298.08
Other-Drug Card Rebate	0.00	109,471.05
Other-LWOP Premiums	0.00	0.00
Other-Suspension Premiums	126.06	126.06
Other-Additional Premiums	0.00	0.00
Other-Returned Security Deposit	0.00	0.00
SUBTOTAL RECEIPTS:	<u>1,795,673.42</u>	<u>8,304,738.92</u>
FUND BALANCE AVAILABLE:	<u>\$4,989,698.25</u>	<u>\$11,938,199.92</u>
LESS DISBURSEMENTS:		
Health, Dental & Vision Claims	1,253,452.49	7,368,375.25
Reinsurance Premiums	64,736.69	443,525.53
QualChoice/LDIRX	32,164.00	216,891.50
Delta Dental Admin.	4,136.43	28,344.91
DataPath Admin.	859.50	5,935.50
Part D Advisors	0.00	40,324.53
Miscellaneous-Premium Refund	264.56	998.12
Other-Hatcher Agency	0.00	14,500.00
Other-Transitional Reinsurance Fee	0.00	185,220.00
Other-Professional Svc(GASB report)	0.00	0.00
SUBTOTAL DISBURSEMENTS:	<u>\$1,355,613.67</u>	<u>\$8,304,115.34</u>
ENDING FUND BALANCE:	<u>\$3,634,084.58</u>	<u>\$3,634,084.58</u>
CERTIFICATES OF DEPOSIT		
TOTAL FUND BALANCE	\$5,000,000.00	5,000,000.00
	<u>\$8,634,084.58</u>	<u>\$8,634,084.58</u>

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	170	204	58	278	\$ 43,096.95	\$ 6,495.00	\$ 49,591.95
FEB	170	203	58	274	\$ 35,541.40	\$ 5,340.00	\$ 40,881.40
MAR	171	201	60	273	\$ 42,957.05	\$ 4,654.00	\$ 47,611.05
APR	170	201	60	272	\$ 45,028.52	\$ 5,646.50	\$ 50,675.02
MAY	181	202	61	279	\$ 38,428.29	\$ 2,638.00	\$ 41,066.29
JUN	183	200	62	276	\$ 42,758.56	\$ 4,752.00	\$ 47,510.56
JUL	184	200	62	275	\$ 48,772.35	\$ 7,094.74	\$ 55,867.09
AUG							
SEP							
OCT							
NOV							
DEC							
Totals					\$ 296,583.12	\$ 36,620.24	\$ 333,203.36



Arkansas State Police
2015 Total Medical & RX Cash Flow Report
Paid Report

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	18	19	20	21	22	23
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
14-Jan	224	359	70	467	\$ 614,058.15	\$ 304,198.23	\$ 918,256.38	\$ -	\$ -	\$ -	\$ -	\$ 918,256.38	\$ 1,200,899.84	\$ 9,927.50	\$ 30,867.50	\$ 40,795.00	\$ 55,480.32	\$ 4,166.40	\$ 59,646.72	\$ 1,018,698.10
14-Feb	226	357	70	465	\$ 640,728.01	\$ 316,391.25	\$ 957,119.26	\$ -	\$ -	\$ -	\$ -	\$ 957,119.26	\$ 1,197,114.88	\$ 8,904.50	\$ 30,840.50	\$ 39,745.00	\$ 59,405.60	\$ 4,139.49	\$ 63,545.09	\$ 1,060,409.35
14-Mar	226	357	71	464	\$ 773,884.11	\$ 334,857.80	\$ 1,108,741.91	\$ -	\$ -	\$ -	\$ -	\$ 1,108,741.91	\$ 1,197,114.88	\$ 9,700.00	\$ 30,621.00	\$ 40,321.00	\$ 55,291.32	\$ 4,158.96	\$ 59,450.28	\$ 1,208,513.19
14-Apr	224	357	73	462	\$ 671,095.49	\$ 455,330.22	\$ 1,126,425.71	\$ -	\$ -	\$ -	\$ -	\$ 1,126,425.71	\$ 1,196,064.08	\$ 9,459.00	\$ 30,621.00	\$ 40,080.00	\$ 55,252.20	\$ 4,151.52	\$ 59,403.72	\$ 1,225,909.43
14-May	224	354	75	461	\$ 449,613.81	\$ 293,950.50	\$ 743,564.31	\$ -	\$ -	\$ -	\$ -	\$ 743,564.31	\$ 1,193,646.20	\$ 9,364.00	\$ 30,718.00	\$ 40,082.00	\$ 58,817.95	\$ 4,144.08	\$ 62,962.03	\$ 846,608.34
14-Jun	242	354	75	470	\$ 653,550.56	\$ 318,036.96	\$ 971,587.52	\$ -	\$ -	\$ -	\$ -	\$ 971,587.52	\$ 1,213,983.86	\$ 9,400.00	\$ 30,437.50	\$ 39,837.50	\$ 58,630.40	\$ 4,084.83	\$ 62,715.23	\$ 1,074,140.25
14-Jul	244	357	74	467	\$ 688,270.50	\$ 325,779.55	\$ 1,014,050.05	\$ -	\$ -	\$ -	\$ -	\$ 1,014,050.05	\$ 1,213,825.72	\$ 9,463.00	\$ 32,164.00	\$ 41,627.00	\$ 60,616.61	\$ 4,120.08	\$ 64,736.69	\$ 1,120,413.74
14-Aug	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Sep	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Oct	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Nov	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Dec	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS:					\$ 4,491,200.63	\$ 2,348,544.51	\$ 6,839,745.14	\$ -	\$ -	\$ -	\$ -	\$ 6,839,745.14	\$ 8,412,649.46	\$ 66,218.00	\$ 216,269.50	\$ 282,487.50	\$ 403,494.40	\$ 28,965.36	\$ 432,459.76	\$ 7,554,692.40

Less Total Specific Reimbursements to date

\$ -

Total Plan Costs:

\$ 7,554,692.40

Specific Contract: 24/12 Medical & RX
Specific Rates:
Specific Deductible: \$ 210,000.00 EO: \$ 19.02
Aggregating Specific: \$ 140,000.00 EF: \$ 61.43

Specific Reimbursements:
Member 1 \$ -
Member 2 \$ -
Member 3 \$ -

Aggregate Contract: 24/12 Medical & RX
Aggregate Factors:
EO: \$ 525.40
Aggregate Premium: \$ 3.69 EF: \$ 1,208.94

Lasers:

Laser 1 \$ 275,000.00
Laser 2 \$ 350,000.00 (contingent) \$ 14,410,798.08
Laser 3 \$ 525,000.00

Year to Date Loss Ratio: 47.46%

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