



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"



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July 14, 2016

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 6/30/16. 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-June 2016

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	\$1,202,270.63	\$2,219,014.30
PLUS RECEIPTS:		
Active Employees	1,482,910.00	4,397,460.00
Active Dental/Vision	74,562.81	259,271.38
Retirees	124,571.14	752,035.61
COBRA	0.00	1,692.59
Act 1500 DL Fees	224,777.77	1,458,832.57
Refunds & Voids	0.00	186.00
Interest Earned	518.47	3,554.62
Other-Stop Loss	0.00	266,226.15
Other-Retiree Drug Subsidy	23,528.55	121,652.44
Other-Drug Card Rebate	61,436.39	117,387.55
Other-LWOP Premiums	0.00	155.66
Other-Suspension Premiums	0.00	210.10
Other-Additional Premiums	0.00	1,105.36
SUBTOTAL RECEIPTS:	<u>1,992,305.13</u>	<u>7,379,770.03</u>
FUND BALANCE AVAILABLE:	<u>\$3,194,575.76</u>	<u>\$9,598,784.33</u>
LESS DISBURSEMENTS:		
Health, Dental & Vision Claims	1,030,918.47	6,696,660.20
Reinsurance Premiums	77,924.80	449,691.47
QualChoice/LDI	32,901.00	187,747.50
Delta Dental Admin.	4,331.90	25,399.63
DataPath Admin.	877.50	5,140.50
Part D Advisors	5,882.14	30,413.12
Miscellaneous-Premium Refund	0.00	2,300.96
Other-Hatcher Agency	0.00	14,500.00
Other-Transitional Reinsurance Fee	0.00	133,144.00
Other-Professional Svc(GASB report)	0.00	800.00
Other-Hodges/Mace Admin	1,109.00	12,356.00
LDI Admin	24,150.00	24,150.00
SUBTOTAL DISBURSEMENTS:	<u>\$1,178,094.81</u>	<u>\$7,582,303.38</u>
ENDING FUND BALANCE:	<u>\$2,016,480.95</u>	<u>\$2,016,480.95</u>
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00
TOTAL FUND BALANCE	<u>\$7,016,480.95</u>	<u>\$7,016,480.95</u>

ACT 1500 Revenue Summary

TOTAL ACT1500 REVENUE FOR THE MONTH :	05/31/2016	\$0.00
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$224,777.77
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$224,777.77
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$1,193,477.48
PROJECTED HOLDING BY 12/31/2016		\$3,000,000.00
REMAINING HOLDING TO COLLECT FOR CY16		\$1,806,522.52

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	182	205	64	272	\$ 51,084.09	\$ 6,330.00	\$ 57,414.09
FEB	181	208	64	271	\$ 50,289.62	\$ 6,454.41	\$ 56,744.03
MAR	182	208	63	269	\$ 43,414.27	\$ 5,391.95	\$ 48,806.22
APR	184	205	65	265	\$ 52,485.55	\$ 4,227.50	\$ 56,713.05
MAY	194	208	65	268	\$ 35,413.80	\$ 4,337.00	\$ 39,750.80
JUN	192	208	64	270	\$ 44,522.89	\$ 5,332.50	\$ 49,855.39
JUL							
AUG							
SEP							
OCT							
NOV							
DEC							
Totals	185.8333	207	64.16667	269.1667	\$ 277,210.22	\$ 32,073.36	\$ 309,283.58



Arkansas State Police
2016 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																			
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
16-Jan	239	358	73	459	\$ 752,910.81	\$ 252,687.59	\$ 1,005,598.40	\$ -	\$ -	\$ -	\$ 208,204.68	\$ 1,005,598.40	\$ 1,248,272.84	\$ 22,800.00	\$ 31,223.00	\$ 54,023.00	\$ 68,398.60	\$ 6,649.20	\$ 75,047.80	\$ 1,134,669.20
16-Feb	242	357	72	458	\$ 1,098,943.52	\$ 269,376.66	\$ 1,368,320.18	\$ -	\$ -	\$ 58,021.47	\$ -	\$ 1,368,320.18	\$ 1,246,140.23	\$ 23,600.00	\$ 30,975.00	\$ 54,575.00	\$ 67,557.58	\$ 6,613.98	\$ 74,171.56	\$ 1,497,066.74
16-Mar	239	360	73	452	\$ 850,364.30	\$ 261,420.81	\$ 1,111,785.11	\$ -	\$ -	\$ -	\$ 58,021.47	\$ 1,111,785.11	\$ 1,241,992.19	\$ 24,285.00	\$ 30,905.50	\$ 55,190.50	\$ 67,724.30	\$ 6,594.19	\$ 74,318.49	\$ 1,241,294.10
16-Apr	240	360	72	452	\$ 625,480.41	\$ 271,833.21	\$ 897,313.62	\$ -	\$ -	\$ -	\$ -	\$ 897,313.62	\$ 1,241,281.32	\$ 23,027.50	\$ 30,853.00	\$ 53,880.50	\$ 67,446.92	\$ 6,597.88	\$ 74,044.80	\$ 1,025,238.92
16-May	256	365	76	464	\$ 704,646.30	\$ 270,504.38	\$ 975,150.68	\$ 97,223.08	\$ -	\$ -	\$ -	\$ 877,927.60	\$ 1,276,384.21	\$ 23,467.50	\$ 30,890.00	\$ 54,357.50	\$ 67,595.12	\$ 6,597.88	\$ 74,193.00	\$ 1,103,701.18
16-Jun	256	360	76	464	\$ 538,811.23	\$ 308,146.02	\$ 846,957.25	\$ 6,899.21	\$ -	\$ -	\$ -	\$ 840,058.04	\$ 1,270,103.56	\$ 23,455.00	\$ 32,901.00	\$ 56,356.00	\$ 70,916.02	\$ 7,008.78	\$ 77,924.80	\$ 981,238.05
16-Jul							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Aug							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Sep							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Oct							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Nov							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Dec							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS:					\$ 4,571,156.57	\$ 1,633,968.67	\$ 6,205,125.24	\$ 104,122.29	\$ -	\$ 58,021.47	\$ 266,226.15	\$ 6,101,002.95	\$ 7,524,174.35	\$ 140,635.00	\$ 187,747.50	\$ 328,382.50	\$ 409,638.54	\$ 40,061.91	\$ 449,700.45	\$ 6,983,208.19

Less Total Specific Reimbursements to date \$ 266,226.15
Total Plan Costs: \$ 6,716,982.04

Specific Contract: 24/12 Medical & RX Specific Rates:
Specific Deductible: \$ 210,000.00 EO: \$ 21.33
Aggregating Specific: \$ 140,000.00 EF: \$ 70.73
Specific Reimbursements:
Member 1 \$ 266,226.15 2015 Reimbursement
Member 2 \$ -
Member 3 \$ -
Aggregate Contract: 24/12 Medical & RX Aggregate Factors:
EO: \$ 545.26
Aggregate Premium: \$ 5.87 EF: \$ 1,256.13

Lasers:
Laser 1 \$ 300,000.00 (contingent) Minimum Attachment Point: Year to Date Loss Ratio: 40.73%
Laser 2 \$ 450,000.00 (contingent) \$ 14,979,274.08
Laser 3 \$ 525,000.00

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