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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Director

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August 8, 2019

Senator Cecile Bledsoe
Representative Jeff Wardlaw
Co -chairs
Arkansas Legislative Council
315 State Capitol
Little Rock, AR. 72201

Dear Senator Bledsoe and Representative Wardlaw:

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 7/31/19. If you have any questions, please contact this office at 501-618-8749.

Thank you

Sincerely,

Major Charles Hubbard #293

Major Charles Hubbard
Administrative Services Division

Arkansas State Police Uniformed Health Plan
Fund Balance-July 2019

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	**$2,980,477.29**	**$2,592,161.64**
PLUS RECEIPTS:		
Active Employees	633,500.00	4,181,492.00
Active Dental/Vision	18,010.45	251,808.78
Retirees	110,198.01	758,994.45
Retiree Dental/Vision	21,766.01	150,403.62
COBRA	0.00	0.00
Act 1500 DL Fees	197,106.37	1,535,796.91
Refunds & Voids	0.00	10.54
Interest Earned	5,791.13	33,630.89
Other-Stop Loss	0.00	74,596.12
Other-Retiree Drug Subsidy	21,342.57	108,489.92
Other-Drug Card Rebate	97,556.08	258,521.57
Other-LWOP Premiums	0.00	972.71
Other-Suspension Premiums	0.00	1,089.95
Other-Additional Premiums	0.00	0.00
Other-Additional Premium Contribution	300,000.00	1,500,000.00
CD's Redeemed	0.00	0.00
SUBTOTAL RECEIPTS:	1,405,270.62	8,855,807.46
FUND BALANCE AVAILABLE:	$4,385,747.91	$11,447,969.10
LESS DISBURSEMENTS:		
Health, Prescription, Dental & Vision Claims	947,819.09	7,179,801.91
Reinsurance Premiums	71,772.88	504,268.83
QualChoice	34,424.80	241,164.64
Delta Dental Admin.	4,616.46	32,195.84
DataPath & Primepay COBRA	780.00	5,460.00
Part D Advisors	5,335.64	27122.47
Miscellanous-Premium Refund	0.00	567.08
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	1,157.50	11,071.35
LDI CastiaRx Adm	19,225.00	145,691.08
PCORI	0.00	0.00
LDI Audit	0.00	9.36
Other-Bank charge	0.00	0.00
SUBTOTAL DISBURSEMENTS:	$1,085,131.37	$8,147,352.56
ENDING FUND BALANCE:	**$3,300,616.54**	**$3,300,616.54**
CERTIFICATES OF DEPOSIT	$3,500,000.00	3,500,000.00
TOTAL FUND BALANCE	**$6,800,616.54**	**$6,800,616.54**

ACT 1500 Revenue Summary

TOTAL ACT1500 REVENUE FOR THE MONTH :	06/01/2019	$394,212.74
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		$197,106.37
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		$197,106.37
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		$1,339,220.17
PROJECTED HOLDING BY 12/31/2019		*$3,000,000.00*
		$1,660,779.83

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	222	204	56	257	**$ 58,756.20**	**$ 7,796.52**	**$ 66,552.72**
FEB	222	201	58	254	**$ 51,975.47**	**$ 7,539.18**	**$ 59,514.65**
MAR	235	205	59	258	**$ 46,379.61**	**$ 7,754.65**	**$ 54,134.26**
APR	233	204	58	257	**$ 47,181.44**	**$ 5,807.72**	**$ 52,989.16**
MAY	231	206	56	257	**$ 39,675.70**	**$ 4,379.55**	**$ 44,055.25**
JUN	232	204	58	253	**$ 45,557.16**	**$ 4,594.78**	**$ 50,151.94**
JUL	233	209	59	248	**$ 38,284.63**	**$ 3,630.36**	**$ 41,914.99**
AUG					**$ -**	**$ -**	**$ -**
SEP					**$ -**	**$ -**	**$ -**
OCT					**$ -**	**$ -**	**$ -**
NOV					**$ -**	**$ -**	$ -
DEC					**$ -**	**$ -**	$ -
Totals	**230**	**205**	**58**	**255**	**$ 327,810.21**	**$ 41,502.76**	**$ 369,312.97**

Arkansas State Police
2019 Total Medical & RX Cash Flow Report
Paid Year 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
01/01/2019	275	345	68	460	$ 640,815.82	$ 360,992.00	**$ 1,001,807.82**	$ -	$ -	$ -	$ -	$ 1,001,807.82	$ 1,172,300.35	$ 21,940.00	$ 33,867.84	**$ 55,807.84**	$ 63,969.12	$ 7,271.98	**$ 71,241.10**	**$ 1,128,856.76**
02/01/2019	275	342	70	456	$ 720,668.57	$ 301,396.26	**$ 1,022,064.83**	$ -	$ -	$ -	$ 26,585.58	$ 1,022,064.83	$ 1,166,391.85	$ 20,507.50	$ 33,906.56	**$ 54,414.06**	$ 63,817.92	$ 7,278.32	**$ 71,096.24**	**$ 1,147,575.13**
03/01/2019	290	351	76	464	$ 561,901.75	$ 351,034.96	**$ 912,936.71**	$ -	$ -	$ -	$ -	$ 912,936.71	$ 1,201,244.20	$ 21,200.00	$ 34,734.72	**$ 55,934.72**	$ 65,014.89	$ 7,455.84	**$ 72,470.73**	**$ 1,041,342.16**
04/01/2019	287	352	76	462	$ 693,360.38	$ 358,331.83	**$ 1,051,692.21**	$ -	$ -	$ -	$ -	$ 1,051,692.21	$ 1,198,527.85	$ 20,740.00	$ 34,820.16	**$ 55,560.16**	$ 65,067.88	$ 7,468.52	**$ 72,536.40**	**$ 1,179,788.77**
05/01/2019	286	353	76	460	$ 645,965.01	$ 344,968.66	**$ 990,933.67**	$ -	$ -	$ -	$ -	$ 990,933.67	$ 1,196,834.60	$ 21,310.00	$ 34,943.04	**$ 56,253.04**	$ 65,431.04	$ 7,493.88	**$ 72,924.92**	**$ 1,120,111.63**
06/01/2019	285	351	77	458	$ 597,224.38	$ 334,807.17	**$ 932,031.55**	$ -	$ -	$ -	$ -	$ 932,031.55	$ 1,192,777.95	$ 19,292.50	$ 34,467.52	**$ 53,760.02**	$ 64,834.12	$ 7,392.44	**$ 72,226.56**	**$ 1,058,018.13**
07/01/2019	285	354	77	455	$ 583,839.01	$ 314,196.02	**$ 898,035.03**	$ -	$ -	$ -	$ -	$ 898,035.03	$ 1,192,777.95	$ 19,795.00	$ 34,424.80	**$ 54,219.80**	$ 64,386.78	$ 7,386.10	**$ 71,772.88**	**$ 1,024,027.71**
08/01/2019					$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	**$ -**	**$ -**
09/01/2019					$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	**$ -**	**$ -**
10/01/2019					$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	**$ -**	**$ -**
11/01/2019					$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	**$ -**	**$ -**
12/01/2019					$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	**$ -**	**$ -**
TOTALS:					$ 4,443,774.92	$ 2,365,726.90	**$ 6,809,501.82**	$ -	$ -	$ -	$ 26,585.58	$ 6,809,501.82	$ 8,320,854.75	$ 144,785.00	$ 241,164.64	**$ 385,949.64**	$ 452,521.75	$ 51,747.08	**$ 504,268.83**	**$ 7,699,720.29**
Less Total Specific Reimbursements to date																				**$ 26,585.58**
Total Plan Costs:																				**$ 7,673,134.71**

Specific Contract: 24/12 Medical & RX
Specific Deductible: $ 250,000.00
Aggregating Specific: $ 340,000.00

Aggregate Contract: 12/12 Medical & RX
Aggregate Premium: $ 6.34

Specific Rates:
EO: $ 19.48
EF: $ 67.02

Aggregate Factors:
EO: $ 511.55
EF: $ 1,181.70

2018 Specific Reimbursements:
Member 1 $ 26,585.58
Member 2 $ -
Member 3 $ -
Member 4 $ -
Member 5 $ -

2019 Specific Reimbursements:
Member 1 $ -
Member 2 $ -
Member 3 $ -
Member 4 $ -
Member 5 $ -

Lasers:
Laser 1 $ 300,000.00
Laser 2 $ 1,000,000.00
Laser 3 $ -

Minimum Attachment Point: $ 14,067,604.20

Year to Date Loss Ratio: 48.22%

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