| | | | | | | 1999 Session | | |
|--|-----------------------------------|--|-------------------------------------|--|----------------------------------|--|--|--|
| | ⊠ OF | RIGINAL | | UPDATED | | LRB or Bill No./Adm. Rule LRB 1238/1 AB 63 | | |
| FISCAL ESTIMATE | | PRECTED | | | | Amendment No. if applicable | | |
| DOA-2048 (R10/92) | | | | | | Tanonamont No. II applicable | | |
| Subject | | | | | | | | |
| Require DETF to establish a health care coverage plan for employers in private sector and create a private employer | | | | | | | | |
| health care coverage board | | | | | | | | |
| Fiscal Effect | · - | | | | | | | |
| State: No State Fiscal Effect | | | | | | | | |
| Check columns below only if bill ma | ☑ Increase | Increase Costs - May be possible to absorb | | | | | | |
| 1 | | | | | | ency's Budget 🛘 Yes 🗵 No | | |
| ☐ Increase Existing Appropriation ☐ Increase Existing Revenues | | | | | | | | |
| ☐ Decrease Existing Appropriation ☐ Decrease Existing Revenues ☐ | | | | | | ☐ Decrease Costs | | |
| ☐ Create New Appropriation | | | | | <u> </u> | ······································ | | |
| Local: No local government co | | 1 Inc | | | 1 | | | |
| 1. | 3. L | | Revenues 5. Types of Life affected: | | | Local Governmental Units | | |
| ☐ Permissive ☐ Mandatory | | ☐ Permissive | | Mandatory | ☐ Towns | ☐ Villages ☐ Cities | | |
| | _ | | ☐ Counties | | | | | |
| Decrease Costs | 4. | Decrease Re | | - | ☐ School [| Districts UVTAE Districts | | |
| ☐ Permissive ☐ Mandatory Fund Sources Affected | _1 | ☐ Permissiv | e L | | Ch. 20 Appro | | | |
| S GPR ☐ FED ☐ PRO ☐ | PRS 17 | SEG DSEG | -S | | 515 (2)(a) | priations | | |
| Assumptions Used in Arriving at Fisca | | | | | 15 (-)(-) | | | |
| LRB 1238/1 requires the Department, the Office of Commissioner of Insuran private sector who employ at least two that is responsible for approving the he plan begin no later than January 1, 200 | ce, to de employe alth care | sign, establishes. The bill ale coverage pla | and a so cre n befo | administer a heal eates a private en ore ETF can imp | lth care cover oployer healtl | age plan for employers in the care coverage board (PEHCCB) | | |
| This fiscal estimate assumes that the D costs, and initial contract negotiations. Department will schedule and staff the the PEHCCB. The estimate assumes the staff contract of the period of the peri | with insu PEHCC | rers and healt B's meetings, | h care prepa | e providers. In a re all materials a | ddition, the e and follow tha | stimate assumes that the rough with directives issued by | | |
| | | (Continued | on th | ne next page.) | | | | |
| | | • | | , | | | | |
| | | | | | | | | |
| Long-Range Fiscal Implications | | | | | | | | |
| On-going | | | | | | | | |
| Agency/Prepared by: (Name & Phone | No.) | Auti | orize | d Signature/Tele | phone No. | Date | | |
| Department of Employe Trust Funds Pamela Henning 267-2929 | ٠ | Day | rid | Himiels | 266-3 | 763 1/21/99 | | |

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The PEHCCB will contract with an actuary for necessary actuarial work and, once the plan is established, with an administrator to assume the plan's general administration. In developing this estimate, it is assumed that the administrator, in conjunction with the Department, will:

1. Develop a marketing plan;

2. Prepare marketing materials, applications and other necessary forms;

3. Negotiate premiums with the participating insurers;

- 4. Oversee an annual open enrollment period at a time designated by the PEHCCB;
- 5. Collect all applications for coverage and premium from the employers, record all enrollments and disenrollments and distribute to the appropriate insurer;
- 6. When applicable, distribute the commission to the appropriate agent;
- 7. Establish a grievance procedure and, if possible, resolve disputes between the insured and the insurer; and
- 8. Keep all records and prepare reports for the PEHCCB and the Department.

Once the PEHCCB has approved the plan and contracted with an administrator, the PEHCCB will meet no more than five times annually. All costs incurred by the Department and the PEHCCB, including any legal costs to establish the plan and the costs to contract with the administrator and the actuary, will be charged to the plan and paid by the participating employers.

The bill provides for 3.5 FTE GPR positions effective on the effective date of the bill and funded from the appropriation under s. 20.515 (2)(a). However, the bill provides for no GPR appropriation to fund the positions after January 1, 2002. The Department expects these positions to be allocated in the following way: 1.0 FTE employe benefit plan director 1 to perform general development and administrative oversight of the plan; 0.5 FTE program assistant 3 to serve as board coordinator to staff the PEHCCB; 1.0 FTE employe benefit plan policy advisor to conduct research and assist in plan design; and 1.0 FTE program assistant 2 to provide general assistance to other staff including current Department staff who will be involved in the design, development and general administration of the plan.

| Costs of Program (GPR) | FY 1999-2000 | FY 2000-2001 | FY 2001-2002 |
|---|----------------|-----------------------|-----------------------|
| Employe Benefit Plan Director | 56,200 | 56,200 | 28,100 |
| Employe Benefit Plan Policy Advisor-Senior | 48,100 | 48,100 | 24,100 |
| Program Assistant 3 (50%) | 15,200 | 15,200 | 7,600 |
| Program Assistant 2 | 29,100 | 29,100 | 14,100 |
| Supplies and Services (\$1,200 x 4 FTE) | 4,800 | 4,800 | 2,400 |
| Personal Computer, Monitor, and Software (one-time) (\$3,500 x 4 FTE) | 14,000 | | , |
| Systems Furniture (one-time) (\$5,000 x 4 FTE) | 20,000 | | |
| Board Expenses (\$120 each for meals, lodging and travel x 10 meetings x 11 non-state members) | 13,200 | 7,900 (6 meetings) | 3,900 (3 meetings) |
| Actuarial Services | \$25,000 | \$25,000 | |
| Marketing Brochure and Insurance Rate Publication (10,000 x \$.60 each for paper and printing) (8,000 x \$.78 each for envelopes and postage) | 6,000 6,300 | | |
| Totals: | \$237,900 | \$186,300 | \$80,200 |

Although not explicit in the bill, the Department assumes that as currently drafted anyone participating in the Private Employer Health Plan (PEHP) who believes that he or she has been adversely affected has the right to a Chapter 227 review. If that is correct, the Department and the PEHP will incur legal costs that have not been included in this fiscal estimate.

NOTE: The 3.5 FTE GPR positions are not scheduled to continue beyond January 1, 2002. All monies that the Department currently administers are trust fund dollars, and the Department may not use the monies for other than trust fund purposes. If the positions are not changed to PR and charged to the participating employers as of January 1, 2002, the Department will have no means to fund the positions and, therefore, manage the program.

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|---|--|---|--|----------------------|
| FISCAL ESTIMATE WORKSHEET Detailed Estimate of Annual Fiscal Effect DOA-2047(R11/90) | X ORIGINAL CORRECTED | UPDATED SUPPLEMENTAL | LRB or Bill No./Adm. Rule No. AB 63 LRB 1238/1 | Amendment No. |
| Subject Requires DETF to estab | lish health c ivate employe | are coverage part health care | lan for employers in coverage board. | private |
| I. One-time Costs or Revenue Impacts Computers and systems f | s for State and/or lurniture \$34 | Local Government (c | lo not include in annualized | fiscal effect): |
| II. Annualized Costs: | Annualized fiscal impa | Annualized fiscal impact on State funds from: | | |
| | | | Increased Costs | Decreased Costs |
| A. State Costs by Category State Operations-Salaries and Fringes | | | \$ 148,600 | \$ - |
| | | | (3.5 FTE) | (- FTE) |
| (FTE Position Changes) | | | \$ 55,300 | - |
| State Operations - Other Costs Local Assistance | | <u> </u> | | - |
| Aids to Individuals or Organizations | 7.11 | | | - |
| TOTAL State Costs by C | ategory | | \$ 203,900 | \$ - |
| B. State Costs by Source of Funds GPR | | | Increased Costs \$ 203,900 | Decreased Costs \$ - |
| FED | | | | _ |
| PRO/PRS | | | | _ |
| SEG/SEG-S | | | | - |
| III. State Revenues- Complete this only w state revenues (e.g., tage) | hen proposal will increa ax increase, decrease in | se or decrease license fee, etc.) | Increased Rev. | Decreased Rev. |
| GPR Taxes | | | <u> </u> | \$ - - |
| GPR Earned | | | | _ |
| FED | | | | - |
| | | | | • |
| PRO/PRS | | | | - |
| SEG/SEG-S | | | \$ | - |
| TOTAL State Revenues | | | | |

Agency/Prepared by: (Name & Phone No.)
Department of Employe Trust Funds
Pamela Henning 267-2929

Authorized Signature/telephone No.

Date

1-29-99