FISCAL ESTIMATE FORM					1999 Session					
		LRB # 9	9-231	3/3						
☐ ORIGINAL	☐ UPDATED	INTRODUCTION # AB 518								
☑ CORRECTED	□ SUPPLEMENTAL	Admin. Rule								
Subject										
Health Care Plan Independent Review Board										
Fiscal Effect										
State: ☐ No State Fiscal Effect										
Check columns below only if bill makes or affects a sum sufficient appro				Increase Costs - May be possible to Absorb Within Agency's Budget □ Yes ☒ No						
of affects a sam same on appro										
☑ Increase Existing Appropriation	☐ Increase Exis	-								
☐ Decrease Existing Appropriation	☐ Decrease Ex	isting Revenues		☐ Decrease Costs						
☐ Create New Appropriation Local: ☑ No local government costs										
□ Increase Costs	3. ☐ Increase Re	evenues		5. Types of Local Governmental Units Affected:						
☐ Permissive ☐ Mandatory	☐ Permissi	ive 🗆 Mandato	ory	☐ Towns ☐ Villages ☐ Cities						
2. Decrease Costs	4. ☐ Decrease R			☐ Counties ☐ Other						
☐ Permissive ☐ Mandatory	☐ Permissi			☐ School Districts 1. 20 Appropriations	☐ WTCS Districts					
Fund Sources Affected ☐ GPR ☐ FED ☐ PRO ☐	JPRS ⊠SEG □S		.435 (4) (
Assumptions Used in Arriving at Fiscal E	stimate:									
This bill requires every health benefit plant to have an internal grievance procedure under which an enrollee may submit a written grievance and a grievance panel must investigate the grievance and if appropriate, take corrective action. In addition the bill requires every health benefit plan, including managed care plans and plans covering state and municipal employees, to have an independent review procedure for review of certain decisions under the health benefit plan's internal grievance procedure that are adverse to insureds. This bill would affect DHFS's Health Insurance Risk Sharing Plan (HIRSP) program. Funding for the HIRSP program is provided by state GPR, policyholder premiums, assessments to the insurance industry, and assessments to health-care providers in the form of provider discounts. Because the level of state GPR support for the program is fixed, policyholders, the insurance industry and health-care providers support any additional cost to the program in a 60/20/20 split, respectively. Current statutes require the HIRSP program to have an independent review board for grievance procedures. This additional independent review board would impose an increased cost to the program. It is assumed that the board review would not extend to preexisting condition exclusions. Based on past HIRSP records, it is estimated that seven grievance determinations per year would be eligible for this additional independent review. Of these seven cases, it is estimated that five of these reviews would be for physician services, one for dental services, and one for chiropractic services. It is assumed that each review would require five hours of consultation with estimated rates of \$300 per hour for physician consultation, \$100 per hour for dental consultation, and \$100 per hour for chiropractic consultation. As a result, it is estimated that the HIRSP plan will spend an additional \$7,500 for physician reviews, \$500 for dental reviews, and \$500 for chiropractic reviews. This represents a total of \$8,500 per year i										
	Name I a re		. <u></u> 1.		D-4-					
Prepared By: / Phone # / Agency Richard T. Chao / 267-0356	Name Auth	norized Signature	/ Telepho	one No.	Date					
DHFS OSF	Joh	n Kiesow, 266-	9622		10/26/99					

FISCAL ESTIMATE WORKSHEET Detailed Estimate of Annual Fiscal Effect Session							1999			
☐ ORIGINAL	UPDATED	LRB#	LRB#					Admin. Rule #		
© CORRECTED SUPPLEMENTAL INTRODUCTION # AB 5										
Subject Health Care Plar	n Independent Revi	iew Board								
I. One-time Co	osts or Revenue Imp	pacts for State an	d/or Local Govern	ment (d	o not inc	lude in anr	nualize	ed fiscal	effect):	
II. Annualized Costs:				Annualized Fiscal impact on State funds						
A. State Costs by Category State Operations - Salaries and Fringes			\$	Increase	d Costs	\$	Decrease -	d Costs		
(FTE Position Changes)				(FTE)		(-	FTE)		
State Operations - Other Costs				8,500						
Local A	ssistance					ton with		-		
Aids to Individuals or Organizations						-		-		
TOTAL State Costs by Category			\$	8,500		\$	-			
B. State Costs	s by Source of Fu	nds			Increase	d Costs		Decrease	d Costs	
GPR				\$			\$	-		
FED							_			
PRO/PF	२ऽ							-		
SEG/SE	EG-S				8,500			-		
State Revenues Complete this only when proposal will increase or decrease state			ite	Increase	ed Rev.		Decrease	ed Rev.		
GPR Ta	revenues (e.g., tax increase, decrease in license fee, etc.) GPR Taxes			\$			\$	-		
GPR E	arned							_		
FED								<u> </u>		
PRO/PR	₹\$							-		
SEG/SE	EG-S									
TOTAL State Revenues			\$			\$				
		NET ANNUA	ALIZED FISCAL I STATE	MPACT	Γ .		LOC	AL		
NET CHANGE IN	N COSTS	\$_		8,50	<u>00</u>	\$,	
NET CHANGE IN	N REVENUES	\$_				\$				
Prepared By: /	Phone # / Agency l	Name	Authorized Signa	ture/Tele	phone No.		1	Date		

Richard T. Chao / 267-0356 DHFS/OSF

10/26/99