FISCAL ESTIMATE FORM				1999 Session	
	·	LRB # -3798/1			
☑ ORIGINAL	☐ UPDATED	INTRODUCTION # SB 269			
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 a direct appropriation or affects a sum sufficient appropriation.			☑ Increase Costs - May be possible to Absorb Within Agency's Budget ☐ Yes ☑ No		
 ☑ Increase Existing Appropriation ☐ Decrease Existing Appropriation ☐ Decrease Existing Revenues ☐ Create New Appropriation 			☐ Decrease Costs		
1.	☐ Permissive ☐ Mandatory ☐ Permissive ☐ Mandatory		5. Types of Local Gover	es 🛘 Cities s	
☐ Permissive ☐ Mandat	ory Permiss		ive ☐ Mandatory ☐ School Districts ☐ WTCS Districts Affected Ch. 20 Appropriations		
Fund Sources Affected Affected Ch. 20 Appropriations ☐ GPR ☐ FED ☐ PRO ☐ PRS ☒ SEG ☐ SEG-S 20.435 (4) (u)					
Assumptions Used in Arriving at Fisc	al Estimate:	,			
This bill requires every health benefit plan 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 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. Based on past HIRSP records, it is estimated that seven grievance determinations per year would be eligible for this additional independent review. Of these ten cases, it is estimated that eight 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 in additional administrative					
expenses.				Date	
Prepared By: / Phone # / Agend Richard T. Chao / 267-0356		thorized Signature / Telep thn Kiesow, 266-9622		12-22-99	

FISCAL ESTIMATE WORKSHEET	1999 Session			
☑ ORIGINAL ☐ UPDATED	LRB#-3798/1		Admin. Rule #	
☐ CORRECTED ☐ SUPPLEMENTAL	INTRODUCTION # SB 26	9		
Subject				
Health Care Plan Independen				
I. One-time Costs or Revenue Imp	acts for State and/or Local Governmen	t (do not include in annu	ualized fiscal effect):	
II. Annualized Costs:		Annualized Fiscal imp	Decreased Costs	
A. State Costs by Category		increased Costs		
State Operations - Salaries and Fringes		\$.	\$ -	
(FTE Position Changes)		(FTE)	(- % FTE)	
State Operations - Other C	Costs	8,500	and a second se	
Local Assistance			<u>•</u>	
Aids to Individuals or Orga		ejá – ty j. s.		
TOTAL State Costs by	v Category	\$ 8,500	. (\$) - (\$)	
B. State Costs by Source of Fu	nds	Increased Costs	Decreased Costs	
GPR		\$	\$ -	
FED			•	
PRO/PRS			<u>-</u>	
SEG/SEG-S		8,500		
. State Revenues Complete this or	nly when proposal will increase or decrease state ax increase, decrease in license fee, etc.)	Increased Rev.	Decreased Rev.	
GPR Taxes	ax increase, decrease in increase ico, occ.,	\$	\$ -	
GPR Earned			i gradini 🖷	
FED				
PRO/PRS			_	
SEG/SEG-S			.14	
TOTAL State Revenue	es	\$.	\$ -	
NET ANNUALIZED FISCAL IMPACT STATE LOCAL				
NET CHANGE IN COSTS	\$	<u>8,500</u> \$		
	e	\$		

NET CHANGE IN REVENUES Authorized Signature/Telephone No. Prepared By: / Phone # / Agency Name Richard T. Chao / 267-0356

John Klesow, 266-9622

DHFS/OSF

12-22-99