

Fiscal Estimate Narratives

DHFS 9/4/2003

LRB Number	03-1474/1	Introduction Number	SB-226	Estimate Type	Original
Subject					
Public information regarding disciplinary action against physicians					

Assumptions Used in Arriving at Fiscal Estimate

Currently, the Department of Health and Family Services Bureau of Health Information collects data on physicians directly through the Physician Workforce Survey, indirectly through administrative claims patient-data from hospital and ambulatory surgery centers and indirectly through Physician Office Visit data. In FY 04, collection of administrative claims patient-data from hospital and ambulatory surgery centers will be transferred to the Wisconsin Hospital Association (WHA) under contract with the Department of Administration (DOA). This change is required under 2003 Act 33.

This bill would require the Department of Regulation and Licensing Medical Examining Board to make available to the public, in non-technical language that is capable of being understood by the general public, information on physicians licensed in Wisconsin. This information would include education, type of practice, professional affiliations, disciplinary actions, Medicaid and Medicare decertification or suspensions, malpractice claims and settlements, and other information at the discretion of the board.

Under this bill, the Department of Health and Family Services (DHFS) would be required to share physician related data with the Department of Regulation and Licensing (DRL) to avoid duplicating collection and dissemination efforts. Physicians would also be required to provide information as requested by DRL and would have an opportunity to review and correct his or her information before it is made public. DHFS would be required to establish rules for reviewing and correcting data shared with DRL that is subject to rules promulgated under s. 153.75(1)(b). The proposed bill does not address that in FY 2004 administrative claims patient data from hospital and ambulatory surgery centers will be collected by WHA under contract with DOA.

It is estimated that this bill will have no fiscal effect to DHFS. The Department anticipates no additional costs for sharing data with DRL. It is assumed that DRL will request data in a format compatible with DHFS formats for data collected through the Physician Workforce Survey, administrative claims patient-data from hospitals and ambulatory surgery centers and Physician Office Visit Data. It is also assumed WHA will provide DHFS with administrative claims patient-data in a compatible format after collection of this data is transferred to WHA in 2004.

Under this bill, DHFS would also share information with DRL on Medical Assistance decertifications and suspensions. DHFS estimates no additional costs for sharing this information. This information could be shared with DRL when reported to the Department of Health and Human Services with no additional cost.

Finally, DHFS does not anticipate increased costs to establish rules to allow physicians to correct certain information provided to DRL. For the Bureau of Health Information data that would be subject to the proposed rule change under the bill, rules are currently established that include procedures for physicians to review the data and affirm its completeness and accuracy. If new rules are required, DHFS does not estimate an increased cost to promulgate these rules. Thus, this bill has no fiscal effect to DHFS.

Long-Range Fiscal Implications