Sandy Sostad April 01, 2011 471-0054

LB 73

Revision: 01

Revised on 4/1/11 to correct error regarding state aid to education and to add DOI response.

FISCAL NOTE LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES *					
	FY 2011-12		FY 2012-13		
_	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE	
GENERAL FUNDS	(\$1,950,000)	\$2,600,000	(\$1,950,000)	\$2,600,000	
CASH FUNDS					
FEDERAL FUNDS					
CHIP DISTRIBUTIVE FUND	\$100,000 - \$150,000		\$100,000 - \$150,000		
TOTAL FUNDS	(\$1,850,000 - \$1,800,000)	\$2,600,000	(\$1,850,000 - \$1,800,000)	\$2,600,000	

^{*}Does not include any impact on political subdivisions. See narrative for political subdivision estimates.

LB 73 pertains to the Comprehensive Health Insurance Pool Act (CHIP). The bill broadens the definition of entities that may bid to become the pool administrator to include health maintenance organizations and third-party administrators. The bill also repeals current language regarding health care provider reimbursement rates and requires that provider reimbursement rates for pool covered services be set at rates equivalent to 125% of medicare reimbursement, not later than January 1, 2012.

Revenue: The Department of Insurance indicates that provider reimbursement rates are now set at prevailing rates paid by commercial insurers. The change to rates at 125% of medicare reimbursement will reduce CHIP expenditures by an estimated \$6.5 to \$18 million per year, as estimated by the Department of Insurance.

Premium taxes paid by health insurers are used to fund CHIP. Any premium taxes not used for CHIP are allocated as follows: General Fund (40%); Mutual Finance Assistance Fund (10%); and, 50% of the receipts are deposited in the Insurance Tax Fund. This fund is allocated to counties (10%), cities (30%) and schools (60%).

Using the minimum projected increase in revenue of \$6.5 million per year and assuming CHIP provider reimbursement rates are set at 125% of medicare reimbursement at the beginning of FY2011-12, increased annual revenue for the affected entities is estimated to total \$2.6 million for the General Fund; \$650,000 for the Mutual Finance Assistance Fund; \$325,000 for counties; \$975,000 for cities; and \$1,950,000 for schools. Additional revenue for schools decreases the amount of general funds needed for state aid to education.

Expenditures: The Department of Insurance indicates the bill may increase annual CHIP expenditures by an estimated \$100,000 to \$150,000 to calculate rates as required and create a new network of contracted health care providers.

There is no determinable fiscal impact for CHIP if additional entities are allowed to bid to be the pool administrator. However, it is possible a change in the administrator may impact expenditures of the pool.

DEPARTMENT OF ADMINISTRATIVE SERVICES

REVIEWED BY Gary Bush DATE 1/18/11 PHONE 471-2526

COMMENTS

DEPARTMENT OF INSURANCE: Agency's estimate of impact appears to be reasonable.

2011

LB ⁽¹⁾ 73 FI	SCAL NOTE			E BOYCE	
State Agency OR F	Political Subdivision I	Name: (2) Department of	Insurance	LEGISLATIV:	ال و أو ال
Prepared by: (3)	Eric Dunning	Date Prepared: (4)	01/10/11	Phone: (5)	471-4

FSTIMA	TE PROVIDED BY STATE	= AGENCY OR POLIC	CITCAL SUBDIVISION	
LOTAIL	FY 2011-2012		FY 2012-2013	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS				
CASH FUNDS				
FEDERAL FUNDS				
OTHER FUNDS	(\$6.500.000)		\$6,500,000	

Return by date specified or 72 hours prior to public hearing, whichever is earlier.

Explanation of Estimate:

Assuming that the adjustment to provider reimbursement levels would take place July 1, 2011, CHIP would reduce expenditures from the CHIP Distributed Fund by a range of approximately \$6.5 million to \$18 million per year according to estimates. For the purposes of this fiscal note, the Department used the lower estimate. Pursuant to Neb. Rev. Stat. § 77-912, the distribution of premium taxes paid by insurers which is otherwise not used the CHIP Distributive Fund is 40% to the General Fund, 10% to the Mutual Assistance Fund for legislative appropriation, and 50% to the Insurance Tax Fund. Of the Insurance Tax Fund, the distribution is 10% to counties, 30% to the Municipal Equalization Fund, and 60% distributed under TEEOSA. The following table shows the breakdown of the distribution of the premium taxes.

	General Fund	40%	2,600,000	
	MFA	10%	650,000	
	County	5%	325,000	
	Muni	15%	975,000	
_	TEEOSA	30%	1,950,000	.41
	Total	100%	6,500,000	

In 2009, the administrator advised the Department of Insurance that creation of a new network of contracted health care providers, as well as adjustments to calculation of the reimbursement rates may drive increased costs. They estimated this as between \$100,000 and \$150,000 per year. Based on the experience of our actuarial assistant, the Department believes this number to be low. Expenditures would be for expenses of the contract administrator to create and maintain a provider network

MAJOR OBJECTS OF EXPENDITURE					
Personal Services:					
POSITION TITLE	NUMBER OF POSITIONS 11-12 12-13		2011-2012 EXPENDITURES	2012-2013 EXPENDITURES	
Benefits	•••••				
Operating					
Travel					
Capital outlay	···········				
Aid	••••••		(\$6.5 million)	(\$6.5 million)	
Capital improvements	••••••				
TOTAL	•••••		(\$6.5 million)	(\$6.5 million)	