

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: February 21, 2020

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request for authorization to purchase stop-loss insurance coverage through Voya for January 1, 2020 – December 31, 2020

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> *Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input checked="" type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year (2019)	Subsequent Year (2020)
Operating Budget	Expenditure	\$3,204,517	\$2,543,152
	Revenue		
	Net Cost		
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A.) Approval of this request would enable the Director of Benefits Administration to extend the current contract with Voya for administration of Milwaukee County and Milwaukee County Transit System's stop loss coverage for the 2020 medical plan from Voya at an annual cost estimated at \$2,543,152 per year.

B.) The contract is for a premium rate of \$31.57 per covered person per month (PMPM). The rate is based on raising the deductible from \$350,000 to \$500,000. At current enrollment (adjusted for Medicare Advantage), the projected premiums are approximately \$2,543,152 for Milwaukee County and Milwaukee County Transit System.

C.) If utilizing an external stop loss carrier other than UHC, the County's current medical provider, UHC will charge an additional \$1 per employee per month (PEPM) to send reports to Voya for a total of \$80,556.

D.) The enrollment estimates have been reduced to reflect the County's decision to provide a voluntary Medicare Advantage option to eligible retirees. Material changes in enrollment will cause a corresponding change to savings (positive or negative).

Department/Prepared By Tony L. Maze, Director of Benefits Administration

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes No

Did CBDP Review?² Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.