## MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	ΓE:	September 25	<u>, 2014</u>	Origin	al Fiscal No	ote	$\boxtimes$				
				Subst	itute Fiscal I	Note					
SUBJECT: Request for authorization to provide retirees with a fully-insured Medicare Advantage option through United Health Care. This voluntary option is offered along side of the mandated standard plan											
FISC	CAL E	FFECT:									
$\boxtimes$	No Direct County Fiscal Impact		scal Impact		Increase Capital Expenditures						
	$\boxtimes$	Existing Staf	f Time Required	П	Decrease (	Canital Ex	nenditures				
		ncrease Operating Expenditures  f checked, check one of two boxes below)			Decrease Capital Expenditures Increase Capital Revenues						
		Absorbed Wi	thin Agency's Budget		Decrease (	Capital Re	venues				
		Not Absorbed	d Within Agency's Budget								
$\boxtimes$	Decre	ase Operating	Expenditures		Use of con	tingent fur	nds				
	Increase Operating Revenues										
	Decre	ase 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	Curren	t Year	Subseq	uent Year				

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	-\$2,600,000
	Revenue		
	Net Cost		
Capital Improvement	Expenditure		
Budget	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. <sup>1</sup> 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/interpretations that were utilized to provide the information on this form.
- A.) This item authorizes the Benefits Division to contract with United Health Care to provide Medicareeligible County retirees with a voluntary fully-insured medical option for the 2015 plan year.
- B.) There is no impact to the current year, other than the time of existing staff. The contract is for a premium rate of 54.24 per covered person per month (PPPM). The estimated claims and administrative cost under the current self-funded plan is \$104.00 PPPM. The \$2.6 million is based on the net cost difference PPPM based on an assumed 70% enrollment rate. Savings would be attributable to both claims and admin costs.
- C.) There is no impact to the current year. All costs in subsequent years will be reflected in the org.1950 (non-departmental fringe benefits) budgets.
- D.) The \$104.00 PPPM cost projection was developed by United Health Care's underwriters, and subsequently vetted by the Benefits Division and Willis of Wisconsin. The County's cost projections are measured per employee per month (PEPM), and include pre-Medicare dependent claims, making direct comparison of costs difficult, but the projection was deemed reasonable. If enrollment deviates from the 70% assumption, there will be a corresponding change to savings (positive or negative).

Department/Prepared By <u>Matth</u>	Matthew Hanchek, Director of Benefits, Human Resources						
Authorized Signature Way / _							
Did DAS-Fiscal Staff Review?		Yes	$\boxtimes$	No			
Did CBDP Review? <sup>2</sup>	$\boxtimes$	Yes		No	☐ Not Required		

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Community Business Development Partners' review is required on all professional service and public work construction contracts.