Fiscal Estimate - 2017 Session

☑ Original ☐ Updated	Corrected	Supplem	ental	
LRB Number 17-2988/1	Introduction Numb	er SB-269		
Description maintaining access and reimbursements to cert program	ain family planning providers in	the Medical Ass	istance	
Fiscal Effect				
Appropriations Reve	rease Existing to absenues	se Costs - May b orb within agency Yes ase Costs		
Permissive Mandatory Pern 2. Decrease Costs 4. Decr	Affecte nissive Mandatory rease Revenue nissive Mandatory	nment Units	Emocratic Control of the Control of	
Fund Sources Affected Affected Ch. 20 Appropriations				
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEGS 20.435 (4) (b), 20.435 (4) (bm)				
Agency/Prepared By	Authorized Signature		Date	
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Fiscal Estimate Narratives DHS 8/30/2017

LRB Number 17-2988/1	Introduction Number SB-269	Estimate Type	Original		
Description maintaining access and reimbursements to certain family planning providers in the Medical Assistance					
program					

Assumptions Used in Arriving at Fiscal Estimate

Under current federal statute, any person eligible for Medical Assistance may use the provider of his or her choice, provided no funding prohibition exists for that provider. Under SB 269, should a federal law, regulation, or executive order prohibit federal moneys from being paid to a nonpublic family planning provider because of the scope of services offered by the provider, a state-funded family planning program would provide reimbursement for family planning services covered under Medicaid.

In order to process the alternate payment, the Department of Health Services (DHS) would require software updates with unique billing instructions for a specified provider in the Wisconsin Medicaid Management Information System. The Department estimates that such updates would require one-time work costing between \$10,500 and \$160,000, for an average one-time cost of \$85,300 GPR.

The actual cost of reimbursement to the provider would vary depending on the number of MA eligible patients served by the provider and specific services performed. The largest non-public MA family planning services provider in the state is Planned Parenthood of Wisconsin (PPW). Should PPW fall under the bill's definition of a federal funding prohibition, DHS would be responsible for paying the federal portion of reimbursement for all family planning services provided to MA eligible patients by PPW. In 2015, that cost would have been \$5,740,200 GPR. In 2016, that cost would have been \$4,852,600. Assuming expenses stay constant, the Department estimates this would cost an additional \$5,296,400 GPR per year on top of the state's current reimbursement.

Long-Range Fiscal Implications