

WISCONSIN LEGISLATIVE COUNCIL STAFF

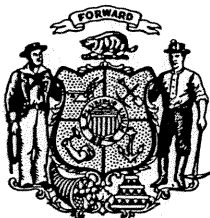
LCRC
FORM 2

APR 30 1999

RULES CLEARINGHOUSE

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CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 99-070

AN ORDER to amend Ins 17.01 (3) (intro.), 17.275 and 17.28 (6a); to repeal and recreate s. Ins 17.28 (6); and to create s. Ins 17.28 (5) (c), relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 1999, to affirm open records law and exceptions apply to fund records and to impose a late fee on insurers and self-insurers who are late in filing certificates of insurance.

Submitted by **OFFICE OF THE COMMISSIONER OF INSURANCE**

04-06-99 RECEIVED BY LEGISLATIVE COUNCIL.

04-30-99 REPORT SENT TO AGENCY.

RNS:AS:kjf;rv

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

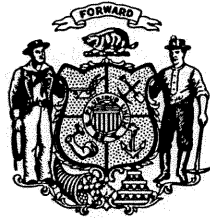
Comment Attached YES NO

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CLEARINGHOUSE RULE 99-070

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]

2. Form, Style and Placement in Administrative Code

a. In s. Ins 17.01 (3) (intro.), the colon should not be underscored because it is part of the current text.

b. In s. Ins 17.275 (3), "plan" following "means any" should be underscored because it is not in the original text.

c. In s. Ins 17.275 (4) (e), "defended or" should be underscored because it is not in the original text.

d. The SECTIONS of the rule should be arranged according to the numbering of the chapter sections or subdivisions thereof. Therefore, the creation of s. Ins 17.28 (5) (c) should be in SECTION 3 and the amendment of s. Ins 17.28 (6a) should be in SECTION 5.

e. In s. Ins 17.28 (6a), "through" should be replaced with "to" to reflect the current text of the rule. Also, a period should be inserted after "s. 655.23 (4) (c) 2". (Subdivision numbers are followed by a period.) Finally, should "1.073" be replaced with "1.161" to reflect the current text or does the drafter intend to amend this provision? Please review.

f. SECTION 6 should be deleted. An initial applicability provision is used to specify the situations to which a change in the law first applies. Because this rule is intended to generally apply to those affected on a particular date and is not triggered by an action by those affected, an

initial applicability provision is not necessary. Instead, the effective date provision should be redrafted to state that the rule takes effect on July 1, 1999. Alternatively, the effective date provision could state that the rule takes effect on July 1, 1999 or the day after publication, whichever is later.

4. Adequacy of References to Related Statutes, Rules and Forms

a. Section Ins 17.275 (2) refers to confidentiality of medical records under ss. 146.81 to 146.84, Stats. Should ss. 51.20 and 252.15, Stats., also be cited?

b. Section Ins 17.275 (4) (b) refers to “s. 655.275, Stats., and rules promulgated under that section.” Is it possible to cite the rules specifically?

c. In s. Ins 17.28 (6) (a), it appears that the reference to par. (g) should be replaced with par. (f) because par. (g) relates to nurse anesthetists.

d. In s. 17.28 (6) (o), the reference to s. Ins 120.03 (10) should be replaced with s. HFS 120.03 (10).

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In s. Ins 17.275 (2), “but not limited to,” could be deleted. Also, the hyphen between “attorney” and “work” should be deleted.

b. In the lists of employed health care persons in s. Ins 17.28 (6) (k) 2., (L) 2., (m) 2. and (n) 3., the terms should be expressed either in the singular or in the plural for consistency.

c. In s. Ins 17.28 (6) (m) 2., a space should be inserted between “1999” and “Fund Fee.”

d. In s. Ins 17.28 (6) (n) (intro.) and 3., should “operational cooperative sickness plan” be replaced with “operational cooperative sickness association” to be consistent with the language in s. 655.002 (1) (f), Stats.?

e. In s. Ins 17.28 (5) (c), “providers” in the first sentence should be replaced with “provider.” Also, it is not clear how the late fee for additional weeks the certificate is not in compliance will be calculated. Perhaps the paragraph could state that for every additional week after the first week that the certificate is not in compliance, an additional late fee shall be paid.

PROPOSED ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE
AND THE BOARD OF GOVERNORS OF THE PATIENTS COMPENSATION FUND
AMENDING AND REPEALING AND RECREATING A RULE

The office of the commissioner of insurance and the board of governors of the patients compensation fund propose an order to amend s. Ins 17.01 (3) (intro.), s. Ins 17.275, s. Ins 17.28 (6a), to repeal and recreate s. Ins 17.28 (6), and to create s. Ins 17.28 (5) (c), relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 1999, to affirm open records law and exceptions apply to fund records and to impose a late fee on insurers and self-insurers who are late in filing certificates of insurance.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: ss. 601.41 (3), 655.004, 655.27 (3) (b) and 655.61, Stats.

Statutes interpreted: ss. 655.27 (3) and 655.23 (3) (b) and (c), Stats.

The commissioner of insurance, with the approval of the board of governors (board) of the patients compensation fund (fund), is required to establish by administrative rule the annual fees which participating health care providers must pay to the fund. This rule establishes those fees for the fiscal year beginning July 1, 1999. These fees represent a 7% decrease compared with fees paid for the

1998-99 fiscal year. The board approved these fees at its meeting on March 17, 1999, based on the recommendation of the board's actuarial and underwriting committee.

The board is also required to promulgate by rule the annual fees for the operation of the patients compensation mediation system, based on the recommendation of the director of state courts. This rule implements the director's funding level recommendation by establishing mediation panel fees for the next fiscal year at \$16.00 for physicians and \$ 1.00 per occupied bed for hospitals, representing no increase from 1998-99 fiscal year mediation panel fees.

This rule provides that open records law and exceptions apply to fund records. This rule imposes a \$100 late fee per week per certificate on insurers or self-insured providers who fail to comply with the format and filing date requirements of Ins. 17.28 (5), Wis. Adm. Code. This late fee is intended to reduce the number of late filings and filings not in compliance with the format specified by the commissioner.

SECTION 1. Ins 17.01 (3) (intro.) is amended to read:

Ins 17.01 (3) FEE SCHEDULE. (intro.) The following fee schedule shall be effective July 1, 1998 1999:

SECTION 2. Ins 17.275 is amended to read:

Ins 17.275 **Claims information; confidentiality.** (1) PURPOSE. This section interprets ss. 19.35 (1) (a), 19.85 (1) (f), 146.82, 655.26 and 655.27 (4) (b), Stats.

(2) OPEN RECORDS; PRIVILEGED OR CONFIDENTIAL FUND RECORDS. Except as provided in s. 601.427 (7), Stats, records of the fund are subject to subch. II of ch. 19, Stats., and are open to inspection as required under subch. II of ch. 19, Stats. The fund may withhold and retain as confidential any record which may be withheld and retained as confidential under subch. II of ch. 19, Stats., including, but not limited to, a record which may be withheld or which is privileged under any law or the rules of evidence, as attorney-work product under the rules of civil procedure, as attorney-client privileged material under s. 905.03, Stats., as a medical record under ss. 146.81 to 146.84, Stats., or as privileged under s.

601.465, Stats.

51.30
2.52.15

~~(2)~~ **(3)** DEFINITION. In this section, "confidential claims information" means any plan document or information relating to a claim against a plan-insured health care provider in the possession of the commissioner, the board or an agent thereof, including claims records of the fund and the plan, and claims paid reports submitted under s. 655.26, Stats.

~~(3)~~ **(4)** DISCLOSURE. Confidential claims information may be disclosed only as follows:

(a) To the medical examining board as provided under s. 655.26, Stats.

cite?

(b) As needed by the peer review council, consultants and the board under s. 655.275, Stats., and rules promulgated under that section.

(c) As provided under s. 804.01, Stats.

(d) To an individual, organization or agency required by law or designated by the commissioner or board to conduct a management or financial audit.

(e) With a written authorization from the plan-insured health care provider on whose behalf the claim was defended or paid. ~~Disclosure under this paragraph is limited to the number of judgments against and settlements entered into on behalf of the provider and the number and amounts of claims paid by the plan, the fund or both.~~

(f) To the risk manager for the fund, as needed to perform the duties specified in its contract. The risk manager may not disclose confidential claims information to any 3rd party, unless the board expressly authorizes the disclosure. The board may authorize disclosure of patient health care records subject to ss. 146.81 to 146.84, Stats., only as provided in those sections.

SECTION 3. Ins 17.28 (6a) is amended to read:

Ins 17.28 (6a) FEES FOR OCI APPROVED SELF-INSURED HEALTH CARE PROVIDERS.

The following fee schedule is in effect from July 1, ~~1997~~ 1999 through June 30, ~~1999~~ 2000 for OCI approved self-insured health care providers who elect, pursuant to s. 655.23 (4) (c) 2, Stats., to increase their per occurrence limit to ~~\$600,000~~ \$800,000 for each occurrence on or after July 1, ~~1997~~ 1999, provided such self-insured provider has filed an amended self-insured plan document reflecting the increased coverage levels with the office of the commissioner of insurance and with the patients compensation fund on or before August 15, ~~1997~~ 1999:

The fees set forth in sub. (6) multiplied by 1.073.

SECTION 4. Ins 17.28 (6) is repealed and recreated to read:

Ins 17.28 (6) FEE SCHEDULE. The following fee schedule is in effect from July 1, 1999, through June 30, 2000:

(a) Except as provided in pars. (b) to (g) and sub. (6e), for a physician for whom this state is a principal place of practice:

Class 1	\$2,531	Class 3	\$10,504
Class 2	\$4,809	Class 4	\$15,186

(b) For a resident acting within the scope of a residency or fellowship program:

Class 1	\$1,266	Class 3	\$5,254
Class 2	\$2,405	Class 4	\$7,596

(c) For a resident practicing part-time outside the scope of a residency or fellowship program:

All classes	\$1,519
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(d) For a medical college of Wisconsin, inc., full-time faculty member:

Class 1	\$1,012	Class 3	\$4,200
Class 2	\$1,923	Class 4	\$6,072

(e) For a physician who practices fewer than 500 hours during the fiscal year, limited to office practice and nursing home and house calls, and who does not practice obstetrics or surgery or assist in surgical procedures:

\$632

(f) For a physician for whom this state is not a principal place of practice:

Class 1	\$1,266	Class 3	\$5,254
Class 2	\$2,405	Class 4	\$7,596

(g) For a nurse anesthetist for whom this state is a principal place of practice:

\$631

(h) For a nurse anesthetist for whom this state is not a principal place of practice:

\$315

(i) For a hospital:

1. Per occupied bed \$155; plus

2. Per 100 outpatient visits during the last calendar year for which totals are available. \$7.75

(j) For a nursing home, as described under s. 655.002 (1) (j), Stats., which is wholly owned and operated by a hospital and which has health care liability insurance separate from that of the hospital by which it is owned and operated:

Per occupied bed \$29

(k) For a partnership comprised of physicians or nurse anesthetists, organized for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

- 1. a. If the total number of partners and employed physicians and nurse anesthetists is from 2 to 10 \$88
- b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100 \$881
- c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100 \$2,202

2. The following fee for each of the following employees employed by the partnership as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioner	\$ 631
Advanced Nurse Practitioner	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757

PI 22
31 20

Optometrists	506
Physician Assistant	506

(L) For a corporation, including a service corporation, with more than one shareholder organized under ch. 180, Stats., for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

1. a. If the total number of shareholders and employed physicians and nurse anesthetists is from 2 to 10 \$88
- b. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100 \$881
- c. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100 \$2,202

2. The following for each of the following employees employed by the corporation as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioner	\$ 631
Advanced Nurse Practitioner	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistant	506

(m) For a corporation organized under ch. 181, Stats., for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

1. a. If the total number of employed physicians and nurse anesthetists is from
1 to 10 \$88
- b. If the total number of employed physicians and nurse anesthetists is from
11 to 100 \$881
- c. If the total number of employed physicians or nurse anesthetists
exceeds 100 \$2,202

2. The following for each of the following employes employed by the corporation as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioner	\$ 631
Advanced Nurse Practitioner	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistant	506

(n) For an operational cooperative sickness care plan as described under s. 655.002 (1) (f),

Stats., all of the following fees:

1. Per 100 outpatient visits during the last calendar year for which totals are available \$0.19.
2. 2.5% of the total annual fees assessed against all of the employed physicians.
3. The following for each of the following employes employed by the operational cooperative sickness plan as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioner	\$ 631
Advanced Nurse Practitioner	886
Nurse Midwives	5,586
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistant	506

(o) For a freestanding ambulatory surgery center, as defined in s. ~~Ins~~ 120.03 (10):

Per 100 outpatient visits during the last calendar year for which totals are available \$37

(p) For an entity affiliated with a hospital, the greater of \$100 or whichever of the following applies:

1. 7% of the amount the entity pays as premium for its primary health care liability insurance, if it has occurrence coverage.
2. 10% of the amount the entity pays as premium for its primary health care liability insurance, if it has claims-made coverage.

SECTION 5. Ins 17.28 (5) (c) is created to read:

Ins 17.28 (5)(c) *Late filing fee.* A late fee in the amount of \$100.00 per certificate shall be paid to the fund by each insurer and self-insured providers who fails to file a certificate of insurance in accordance with the requirements of this subsection. An additional \$100.00 late fee shall be paid per certificate for each additional week the certificate is not in compliance with this subsection.

SECTION 6. INITIAL APPLICABILITY. This rule first applies on July 1, 1999.

July 1, 1999

SECTION 7. EFFECTIVE DATE. This rule will take effect on ~~the first day of the first month~~
after publication, as provided in s. 227.22 (2) (intro), Stats.

All → or, whichever
is later

Dated at Madison, Wisconsin, this 5th day of April.

Connie L. O'Connell
Connie L. O'Connell
Commissioner of Insurance



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Tommy G. Thompson
Governor

Connie L. O'Connell
Commissioner

June 2, 1999

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http://badger.state.wi.us/agencies/oci/oci_home.htm

JUN 04 REC'D

HONORABLE ROBERT WELCH
SENATE CO-CHAIRPERSON
JOINT COMM FOR REVIEW OF ADM RULES
100 NORTH HAMILTON ST 4TH FL
MADISON WI 53702

Re: Emergency Rule, Section Ins 17.01 (3) (intro.), 17.28 (6) and (6a), Wis. Adm. Code,
relating to annual Patients Compensation Fund and mediation fund fees for the
fiscal year beginning July 1, 1999.

Dear Senator Welch:

I am promulgating the attached rule as an emergency rule. It will be published in the official State newspaper on June 4, 1999.

If you have any questions, please contact Alice M. Shuman-Johnson at 266-9892 or e-mail at ashuman@mail.state.wi.us.

Sincerely,

Connie L. O'Connell
Commissioner

CLO:AS

Attachment: 1 copy rule



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Tommy G. Thompson

Governor

Connie L. O'Connell

Commissioner

May 26, 1999

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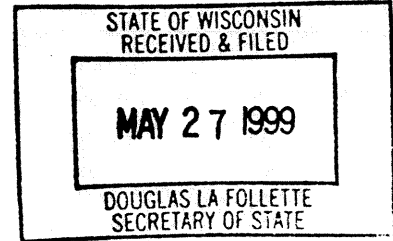
E-Mail: ocioci@mail.state.wi.us

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STATE OF WISCONSIN

OFFICE OF THE COMMISSIONER OF INSURANCE

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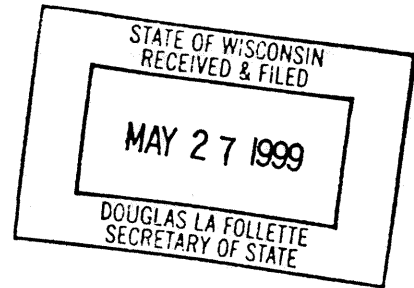


I, Connie L. O'Connell, Commissioner of Insurance and custodian of the official records, certify that the annexed emergency rule affecting Section Ins 17.01 (3) (intro.), 17.28 (6) and (6a), Wis. Adm. Code, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 1999., is duly approved and adopted by this Office on May 26, 1999.

I further certify that I have compared this copy with the original on file in this Office and that it is a true copy of the original, and the whole of the original.

IN TESTIMONY WHEREOF,
I have hereunto set my hand at
121 East Wilson Street, Madison, Wisconsin,
on May 26, 1999.

Connie L. O'Connell
Commissioner



ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE AND THE
BOARD OF GOVERNORS OF THE PATIENTS COMPENSATION FUND
AMENDING AND REPEALING AND RECREATING A RULE

The office of the commissioner of insurance and the board of governors of the patients compensation fund propose an order to amend s. Ins 17.01 (3) (intro.), s. Ins 17.28 (6a), to repeal and recreate s. Ins 17.28 (6), relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 1999.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: ss. 601.41 (3), 655.004, 655.27 (3) (b), and 655.61, Stats.

Statutes interpreted: ss. 655.27 (3) and 655.23 (3) (b) and (c), Stats.

The commissioner of insurance, with the approval of the board of governors (board) of the patients compensation fund (fund), is required to establish by administrative rule the annual fees which participating health care providers must pay to the fund. This rule establishes those fees for the fiscal year beginning July 1, 1999. These fees represent a 7% decrease compared with fees paid for the 1998-99 fiscal year. The board approved these fees at its meeting on March 17, 1999, based on the recommendation of the board's actuarial and underwriting committee.

The board is also required to promulgate by rule the annual fees for the operation of the patients compensation mediation system, based on the recommendation of the director of state courts. This rule implements the director's funding level recommendation by establishing mediation panel fees for the next fiscal year at \$16.00 for physicians and \$ 1.00 per occupied bed for hospitals, representing no increase from 1998-99 fiscal year mediation panel fees.

FINDING OF EMERGENCY

The commissioner of insurance (commissioner) finds that an emergency exists and that promulgation of this emergency rule is necessary for the preservation of the public peace, health, safety or welfare. The facts constituting the emergency are as follows:

The commissioner was unable to promulgate the permanent rule corresponding to this emergency rule, clearinghouse rule No. 99-070, in time for the patients compensation fund (fund) to bill health care providers in a timely manner for fees applicable to the fiscal year beginning July 1, 1999.

The commissioner expects that the permanent rule will be filed with the secretary of state in time to take effect September 1, 1999. Because the fund fee provisions of this rule first apply on July 1, 1999, it is necessary to promulgate the fee portion of the rule on an emergency basis. A hearing on the permanent rule, pursuant to published notice thereof, was held on May 17, 1999.

SECTION 1. Ins 17.01 (3) (intro.) is amended to read:

Ins 17.01 (3) FEE SCHEDULE. (intro.) The following fee schedule shall be effective July 1, ~~1998~~ 1999:

SECTION 2. Ins 17.28 (6) is repealed and recreated to read:

Ins 17.28 (6) FEE SCHEDULE. The following fee schedule is in effect from July 1, 1999, to June 30, 2000:

(a) Except as provided in pars. (b) to (f) and sub. (6e), for a physician for whom this

state is a principal place of practice:

Class 1	\$2,531	Class 3	\$10,504
Class 2	\$4,809	Class 4	\$15,186

(b) For a resident acting within the scope of a residency or fellowship program:

Class 1	\$1,266	Class 3	\$5,254
Class 2	\$2,405	Class 4	\$7,596

(c) For a resident practicing part-time outside the scope of a residency or fellowship program:

All classes	\$1,519
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(d) For a medical college of Wisconsin, inc., full-time faculty member:

Class 1	\$1,012	Class 3	\$4,200
Class 2	\$1,923	Class 4	\$6,072

(e) For a physician who practices fewer than 500 hours during the fiscal year, limited to office practice and nursing home and house calls, and who does not practice obstetrics or surgery or assist in surgical procedures:

\$632

(f) For a physician for whom this state is not a principal place of practice:

Class 1	\$1,266	Class 3	\$5,254
Class 2	\$2,405	Class 4	\$7,596

(g) For a nurse anesthetist for whom this state is a principal place of practice:

\$631

(h) For a nurse anesthetist for whom this state is not a principal place of practice:

\$315

(i) For a hospital:

1. Per occupied bed \$155; plus
2. Per 100 outpatient visits during the last calendar year for which totals are

available: \$7.75

(j) For a nursing home, as described under s. 655.002 (1) (j), Stats., which is wholly owned and operated by a hospital and which has health care liability insurance separate from that of the hospital by which it is owned and operated:

Per occupied bed \$29

(k) For a partnership comprised of physicians or nurse anesthetists, organized for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

1. a. If the total number of partners and employed physicians and nurse anesthetists is from 2 to 10 \$88

b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100 \$881

c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100 \$2,202

2. The following fee for each of the following employees employed by the partnership as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioners	\$ 631
Advanced Nurse Practitioners	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistants	506

(L) For a corporation, including a service corporation, with more than one shareholder organized under ch. 180, Stats., for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

1. a. If the total number of shareholders and employed physicians and nurse anesthetists is from 2 to 10 \$88
- b. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100 \$881
- c. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100 \$2,202
2. The following for each of the following employees employed by the corporation as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioners	\$ 631
Advanced Nurse Practitioners	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistants	506

(m) For a corporation organized under ch. 181, Stats., for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

1. a. If the total number of employed physicians and nurse anesthetists is from 1 to 10 \$88

b. If the total number of employed physicians and nurse anesthetists is from 11 to 100 \$881

c. If the total number of employed physicians or nurse anesthetists exceeds 100 \$2,202

2. The following for each of the following employes employed by the corporation as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioners	\$ 631
Advanced Nurse Practitioners	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistants	506

(n) For an operational cooperative sickness care plan as described under s. 655.002

(1) (f), Stats., all of the following fees:

1. Per 100 outpatient visits during the last calendar year for which totals are available \$0.19.
2. 2.5% of the total annual fees assessed against all of the employed physicians.
3. The following for each of the following employes employed by the operational cooperative sickness plan as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioners	\$ 631
Advanced Nurse Practitioners	886

Nurse Midwives	5,586
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistants	506

(o) For a freestanding ambulatory surgery center, as defined in s. HFS 120.03 (10):

Per 100 outpatient visits during the last calendar year for which totals are

available \$37

(p) For an entity affiliated with a hospital, the greater of \$100 or whichever of the following applies:

1. 7% of the amount the entity pays as premium for its primary health care liability insurance, if it has occurrence coverage.
2. 10% of the amount the entity pays as premium for its primary health care liability insurance, if it has claims-made coverage.

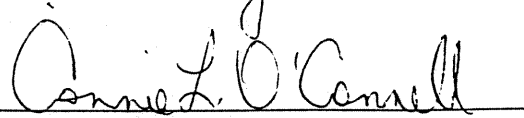
SECTION 3. Ins 17.28 (6a) is amended to read:

Ins 17.28 (6a) FEES FOR OCI APPROVED SELF-INSURED HEALTH CARE PROVIDERS. The following fee schedule is in effect from July 1, ~~1997~~ 1999 to June 30, ~~1999~~ 2000 for OCI approved self-insured health care providers who elect, pursuant to s. 655.23 (4) (c) 2., Stats., to increase their per occurrence limit to ~~\$600,000~~ \$800,000 for each occurrence on or after July 1, ~~1997~~ 1999, provided such self-insured provider has filed an amended self-insured plan document reflecting the increased coverage levels with the office of the commissioner of insurance and with the patients compensation fund on or before August 15, ~~1997~~ 1999:

The fees set forth in sub. (6) multiplied by 1.073.

SECTION 6. EFFECTIVE DATE. This rule will take effect on July 1, 1999.

Dated at Madison, Wisconsin, this 27 day of May 1999.

A handwritten signature in cursive script, reading "Connie L. O'Connell", written over a horizontal line.

Connie L. O'Connell
Commissioner of Insurance

FISCALESTIMATE DOA-2048 N(R10/98)	<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> UPDATED <input type="checkbox"/> CORRECTED <input type="checkbox"/> SUPPLEMENTAL	1999 Session
		LRB or Bill No./Adm. Rule No. Ins. 17.01, 17.28
		Amendment No. if Applicable

Subject
 Relating to annual Patients Compensation Fund fees for fiscal year 1999-2000

Fiscal Effect

State: No State Fiscal Effect
 Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

<input type="checkbox"/> Increase Existing Appropriation <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Appropriation <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Create New Appropriation	<input type="checkbox"/> Increase Costs – May be possible to Absorb Within Agency's Budget <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decrease Costs
---	--

Local: No local government costs

1. Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	3. Increase Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	5. Types of Local Governmental Units Affected: <input type="checkbox"/> Towns <input type="checkbox"/> Villages <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others _____ <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
2. Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	4. Decrease Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	

Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	Affected Ch. 20 Appropriations
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Assumptions Used in Arriving at Fiscal Estimate

The Patients Compensation Fund (Fund) is a segregated Fund. Annual Fund fees are established to become effective each July 1, based on actuarial estimates of the Fund's needs for payment of medical malpractice claims, and the administration of the Fund. The proposed fees were approved by the Fund's Board of Governors at its March 17, 1999 meeting.

There is no effect on GPR.

Estimated revenue for fiscal year 1999-2000 is approximately \$47.1 million, which represents a seven percent decrease to fiscal year 1998-1999 revenues.

Long-Range Fiscal Implications

Agency/Prepared by: (Name & Phone No.) PCF/Theresa Wedekind 608-266-0953	Authorized Signature/Telephone No. <i>Connie L. O'Connell</i> 7-1233	Date 4-5-99
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FISCAL ESTIMATE WORKSHEET

1999 Session

Detailed Estimate of Annual Fiscal Effect DOA-2047 (R10/94)	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> UPDATED	LRB or Bill No./Adm. Rule No. Ins. 17.01, 17.28	Amendment No.
<input type="checkbox"/> CORRECTED		<input type="checkbox"/> SUPPLEMENTAL		

Subject: **Relating to annual Patients Compensation Fund fees for fiscal year 1999-2000**

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

II. Annualized Costs:	Annualized Fiscal impact on State funds from:	
A. State Costs by Category	Increased Costs	Decreased Costs
State Operations - Salaries and Fringes	\$	\$ -
(FTE Position Changes)	(FTE)	(- FTE)
State Operations - Other Costs		-
Local Assistance		-
Aids to Individuals or Organizations		-
TOTAL State Costs by Category	\$	\$ -
B. State Costs by Source of Funds	Increased Costs	Decreased Costs
GPR	\$	\$ -
FED		-
PRO/PRS		-
SEG/SEG-S		-
III. State Revenues -	Increased Rev.	Decreased Rev.
Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		
GPR Taxes	\$	\$ -
GPR Earned		-
FED		-
PRO/PRS		-
SEG/SEG-S		-
TOTAL State Revenues	\$ 0	\$ - 0

NET ANNUALIZED FISCAL IMPACT

	<u>STATE</u>	<u>LOCAL</u>
NET CHANGE IN COSTS	\$ _____	\$ _____
NET CHANGE IN REVENUES	\$ _____	\$ _____

Agency/Prepared by: (Name & Phone No.) PCF/Theresa Wedekind 608-266-0953	Authorized Signature/Telephone No. <i>Conne L O Connell</i> 7-1233	Date 4-5-99
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State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Tommy G. Thompson
Governor

Connie L. O'Connell
Commissioner

May 24, 1999

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E-Mail: ocioci@mail.state.wi.us
http://badger.state.wi.us/agencies/oci/oci_home.htm

HONORABLE ROBERT WELCH
SENATE CO-CHAIRPERSON
JOINT COMM FOR REVIEW OF ADM RULES
100 NORTH HAMILTON ST 4TH FL
MADISON WI 53702

Re: Rule, Section Ins 17.01(3)(intro.), 17.275, 17.28(5)(c), (6) and (6a), Wis. Adm. Code, relating to annual patients compensation fund and mediation fund fees, open records law applicable to fund records and late fee for late filing of certificates of insurance

Clearinghouse Rule No. 99-070

Dear Senator Welch:

I am enclosing a copy of this proposed rule which has been submitted to the presiding officers of the legislative houses under s. 227.19 (2), Wis. Stat. A copy of the report required under s. 227.19 (3), Wis. Stat., is also enclosed.

Sincerely,

Randy Blumberg
Deputy Commissioner of Insurance

RB:AS

Attachment: 1 copy rule & legislative report

PROPOSED ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE
AND THE BOARD OF GOVERNORS OF THE PATIENTS COMPENSATION FUND
AMENDING AND REPEALING AND RECREATING A RULE

The office of the commissioner of insurance and the board of governors of the patients compensation fund propose an order to amend s. Ins 17.01 (3) (intro.), s. Ins 17.275, s. Ins 17.28 (6a), to repeal and recreate s. Ins 17.28 (6), and to create s. Ins 17.28 (5) (c), relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 1999, to affirm open records law and exceptions apply to fund records and to impose a late fee on insurers and self-insurers who are late in filing certificates of insurance.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: ss. 601.41 (3), 655.004, 655.27 (3) (b) and 655.61, Stats.

Statutes interpreted: ss. 655.27 (3) and 655.23 (3) (b) and (c), Stats.

The commissioner of insurance, with the approval of the board of governors (board) of the patients compensation fund (fund), is required to establish by administrative rule the annual fees which participating health care providers must pay to the fund. This rule establishes those fees for the fiscal year beginning July 1, 1999. These fees represent a 7% decrease compared with fees paid for the

1998-99 fiscal year. The board approved these fees at its meeting on March 17, 1999, based on the recommendation of the board's actuarial and underwriting committee.

The board is also required to promulgate by rule the annual fees for the operation of the patients compensation mediation system, based on the recommendation of the director of state courts. This rule implements the director's funding level recommendation by establishing mediation panel fees for the next fiscal year at \$16.00 for physicians and \$ 1.00 per occupied bed for hospitals, representing no increase from 1998-99 fiscal year mediation panel fees.

This rule provides that open records law and exceptions apply to fund records. This rule imposes a \$100 late fee per week per certificate on insurers or self-insured providers who fail to comply with the format and filing date requirements of Ins. 17.28 (5), Wis. Adm. Code. This late fee is intended to reduce the number of late filings and filings not in compliance with the format specified by the commissioner.

SECTION 1. Ins 17.01 (3) (intro.) is amended to read:

Ins 17.01 (3) FEE SCHEDULE. (intro.) The following fee schedule shall be effective July 1, ~~1998~~ 1999:

SECTION 2. Ins 17.275 is amended to read:

Ins 17.275 **Claims information; confidentiality.** (1) PURPOSE. This section interprets ss. 19.35 (1) (a), 19.85 (1) (f), 146.82, 655.26 and 655.27 (4) (b), Stats.

(2) OPEN RECORDS; PRIVILEGED OR CONFIDENTIAL FUND RECORDS. Except as provided in s. 601.427 (7), Stats, records of the fund are subject to subch. II of ch. 19, Stats., and are open to inspection as required under subch. II of ch. 19, Stats. The fund may withhold and retain as confidential any record which may be withheld and retained as confidential under subch. II of ch. 19, Stats., including, but not limited to, a record which may be withheld or which is privileged under any law or the rules of evidence, as attorney work product under the rules of civil procedure, as attorney-client privileged material under s. 905.03, Stats., as a medical record under ss. 146.81 to 146.84, Stats., or as privileged under s. 601.465, Stats.

~~(2)~~ (3) DEFINITION. In this section, "confidential claims information" means any plan document or information relating to a claim against a plan-insured health care provider in the possession of the commissioner, the board or an agent thereof, including claims records of ~~the fund and the plan, and claims paid reports submitted under s. 655.26, Stats.~~

~~(3)~~ (4) DISCLOSURE. Confidential claims information may be disclosed only as follows:

(a) To the medical examining board as provided under s. 655.26, Stats.

(b) As needed by the peer review council, consultants and the board under s. 655.275, Stats., and rules promulgated under that section.

(c) As provided under s. 804.01, Stats.

(d) To an individual, organization or agency required by law or designated by the commissioner or board to conduct a management or financial audit.

(e) With a written authorization from the plan-insured health care provider on whose behalf the claim was defended or paid. ~~Disclosure under this paragraph is limited to the number of judgments against and settlements entered into on behalf of the provider and the number and amounts of claims paid by the plan, the fund or both.~~

(f) To the risk manager for the fund, as needed to perform the duties specified in its contract. The risk manager may not disclose confidential claims information to any 3rd party, unless the board expressly authorizes the disclosure. The board may authorize disclosure of patient health care records subject to ss. 146.81 to 146.84, Stats., only as provided in those sections.

SECTION 3. Ins 17.28 (5) (c) is created to read:

Ins 17.28 (5)(c) *Late filing fee*. A late fee in the amount of \$100.00 per certificate shall be paid to the fund by each insurer and self-insured provider who fails to file a certificate of insurance in accordance with the requirements of this subsection. An additional \$100.00 late fee shall be paid per certificate for each additional week, or portion thereof, the certificate is not in compliance with this subsection.

SECTION 4. Ins 17.28 (6) is repealed and recreated to read:

Ins 17.28 (6) FEE SCHEDULE. The following fee schedule is in effect from July 1, 1999, to June 30, 2000:

(a) Except as provided in pars. (b) to (f) and sub. (6e), for a physician for whom this state is a principal place of practice:

Class 1	\$2,531	Class 3	\$10,504
Class 2	\$4,809	Class 4	\$15,186

(b) For a resident acting within the scope of a residency or fellowship program:

Class 1	\$1,266	Class 3	\$5,254
Class 2	\$2,405	Class 4	\$7,596

(c) For a resident practicing part-time outside the scope of a residency or fellowship program:

All classes	\$1,519
-------------	---------

(d) For a medical college of Wisconsin, inc., full-time faculty member:

Class 1	\$1,012	Class 3	\$4,200
Class 2	\$1,923	Class 4	\$6,072

(e) For a physician who practices fewer than 500 hours during the fiscal year, limited to office practice and nursing home and house calls, and who does not practice obstetrics or surgery or assist in surgical procedures:

\$632

(f) For a physician for whom this state is not a principal place of practice:

Class 1	\$1,266	Class 3	\$5,254
Class 2	\$2,405	Class 4	\$7,596

(g) For a nurse anesthetist for whom this state is a principal place of practice:

\$631

(h) For a nurse anesthetist for whom this state is not a principal place of practice:

\$315

(i) For a hospital:

1. Per occupied bed \$155; plus
2. Per 100 outpatient visits during the last calendar year for which totals are available. \$7.75

(j) For a nursing home, as described under s. 655.002 (1) (j), Stats., which is wholly owned and operated by a hospital and which has health care liability insurance separate from that of the hospital by which it is owned and operated:

Per occupied bed \$29

(k) For a partnership comprised of physicians or nurse anesthetists, organized for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

1. a. If the total number of partners and employed physicians and nurse anesthetists is from 2 to 10 \$88
- b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100 \$881
- c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100 \$2,202

2. The following fee for each of the following employees employed by the partnership as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioners	\$ 631
Advanced Nurse Practitioners	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757

Optometrists	506
Physician Assistants	506

(L) For a corporation, including a service corporation, with more than one shareholder organized under ch. 180, Stats., for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

1. a. If the total number of shareholders and employed physicians and nurse anesthetists is from 2 to 10 \$88
- b. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100 \$881
- c. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100 \$2,202

2. The following for each of the following employes employed by the corporation as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioners	\$ 631
Advanced Nurse Practitioners	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistants	506

(m) For a corporation organized under ch. 181, Stats., for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:

1. a. If the total number of employed physicians and nurse anesthetists is from
1 to 10 \$88

b. If the total number of employed physicians and nurse anesthetists is from
11 to 100 \$881

c. If the total number of employed physicians or nurse anesthetists
exceeds 100 \$2,202

2. The following for each of the following employes employed by the corporation as of
July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioners	\$ 631
Advanced Nurse Practitioners	886
Nurse Midwives	5,568
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistants	506

(n) For an operational cooperative sickness care plan as described under s. 655.002 (1) (f),

Stats., all of the following fees:

1. Per 100 outpatient visits during the last calendar year for which totals are
available \$0.19.

2. 2.5% of the total annual fees assessed against all of the employed physicians.

3. The following for each of the following employes employed by the operational
cooperative sickness plan as of July 1, 1999:

Employed Health Care Persons	July 1, 1999 Fund Fee
Nurse Practitioners	\$ 631
Advanced Nurse Practitioners	886
Nurse Midwives	5,586
Advanced Nurse Midwives	5,821
Advanced Practice Nurse Prescribers	886
Chiropractors	1,012
Dentists	506
Oral Surgeons	3,797
Podiatrists-Surgical	10,757
Optometrists	506
Physician Assistants	506

(o) For a freestanding ambulatory surgery center, as defined in s. HFS 120.03 (10):

Per 100 outpatient visits during the last calendar year for which totals are

available

\$37

(p) For an entity affiliated with a hospital, the greater of \$100 or whichever of the following

applies:

1. 7% of the amount the entity pays as premium for its primary health care liability insurance, if it has occurrence coverage.

2. 10% of the amount the entity pays as premium for its primary health care liability insurance, if it has claims-made coverage.

SECTION 5. Ins 17.28 (6a) is amended to read:

Ins 17.28 (6a) FEES FOR OCI APPROVED SELF-INSURED HEALTH CARE

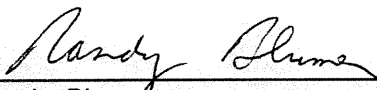
PROVIDERS. The following fee schedule is in effect from July 1, ~~1997~~ 1999 to June 30, ~~1999~~ 2000 for OCI approved self-insured health care providers who elect, pursuant to s. 655.23 (4) (c) 2., Stats., to increase their per occurrence limit to ~~\$600,000~~ \$800,000 for each occurrence on or after July 1, ~~1997~~ 1999, provided such self-insured provider has filed an amended self-insured plan document reflecting

the increased coverage levels with the office of the commissioner of insurance and with the patients compensation fund on or before August 15, ~~1997~~ 1999:

The fees set forth in sub. (6) multiplied by 1.073.

SECTION 6. EFFECTIVE DATE. This rule will take effect on the first day of the first month after publication, as provided in s. 227.22 (2) (intro), Stats.

Dated at Madison, Wisconsin, this ^{24th} day of May, 1999.



Randy Blumer
Deputy Commissioner of Insurance

FISCALESTIMATE DOA-2048 N(R10/98)	<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> UPDATED <input type="checkbox"/> CORRECTED <input type="checkbox"/> SUPPLEMENTAL	1999 Session LRB or Bill No./Adm. Rule No. Ins. 17.01, 17.28 Amendment No. if Applicable
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Subject
 Relating to annual Patients Compensation Fund fees for fiscal year 1999-2000

Fiscal Effect

State: No State Fiscal Effect
 Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

<input type="checkbox"/> Increase Existing Appropriation <input type="checkbox"/> Decrease Existing Appropriation <input type="checkbox"/> Create New Appropriation	<input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Increase Costs – May be possible to Absorb Within Agency's Budget <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decrease Costs
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Local: No local government costs

1. Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	3. <input type="checkbox"/> Increase Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	5. Types of Local Governmental Units Affected: <input type="checkbox"/> Towns <input type="checkbox"/> Villages <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others _____
2. Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	4. <input type="checkbox"/> Decrease Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts

Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	Affected Ch. 20 Appropriations
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Assumptions Used in Arriving at Fiscal Estimate

The Patients Compensation Fund (Fund) is a segregated Fund. Annual Fund fees are established to become effective each July 1, based on actuarial estimates of the Fund's needs for payment of medical malpractice claims, and the administration of the Fund. The proposed fees were approved by the Fund's Board of Governors at its March 17, 1999 meeting.

There is no effect on GPR.

Estimated revenue for fiscal year 1999-2000 is approximately \$47.1 million, which represents a seven percent decrease to fiscal year 1998-1999 revenues.

Long-Range Fiscal Implications

Agency/Prepared by: (Name & Phone No.) PCF/Theresa Wedekind 608-266-0953	Authorized Signature/Telephone No. <i>Conne L. O'Connell</i> 7-1233	Date 4-5-99
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FISCAL ESTIMATE WORKSHEET

1999 Session

Detailed Estimate of Annual Fiscal Effect DOA-2047 (R10/94)	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> UPDATED	LRB or Bill No./Adm. Rule No. Ins. 17.01, 17.28	Amendment No.
	<input type="checkbox"/> CORRECTED	<input type="checkbox"/> SUPPLEMENTAL		

Subject: Relating to annual Patients Compensation Fund fees for fiscal year 1999-2000

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

II. Annualized Costs:

A. State Costs by Category	Annualized Fiscal impact on State funds from:	
	Increased Costs	Decreased Costs
State Operations – Salaries and Fringes	\$	\$ -
(FTE Position Changes)	(FTE)	(- FTE)
State Operations – Other Costs		-
Local Assistance		-
Aids to Individuals or Organizations		-
TOTAL State Costs by Category	\$	\$ -

B. State Costs by Source of Funds	Annualized Fiscal impact on State funds from:	
	Increased Costs	Decreased Costs
GPR	\$	\$ -
FED		-
PRO/PRS		-
SEG/SEG-S		-

III. State Revenues –	Annualized Fiscal impact on State funds from:	
	Increased Rev.	Decreased Rev.
Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		
GPR Taxes	\$	\$ -
GPR Earned		-
FED		-
PRO/PRS		-
SEG/SEG-S		-
TOTAL State Revenues	\$ 0	\$ - 0

NET ANNUALIZED FISCAL IMPACT.

	<u>STATE</u>	<u>LOCAL</u>
NET CHANGE IN COSTS	\$ _____	\$ _____
NET CHANGE IN REVENUES	\$ _____	\$ _____

Agency/Prepared by: (Name & Phone No.) PCF/Theresa Wedekind 608-266-0953	Authorized Signature/Telephone No. <i>Conne L O'Connell</i> 7-1233	Date 4-5-99
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State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Tommy G. Thompson
Governor

Connie L. O'Connell
Commissioner

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REPORT ON Section Ins 17.01(3)(intro.), 17.275, 17.28(5)(c),
(6) and (6a), Wis. Adm. Code, relating to annual patients
compensation fund and mediation fund fees, open records
law applicable to fund records and late fee for late filing of
certificates of insurance

Clearinghouse Rule No 99-070
Submitted Under s. 227.19 (3), Stats.
The proposed rule-making order is attached.

(a) Statement of need for the proposed rule

The Commissioner is required to promulgate by rule the annual fees for the Patients Compensation Fund and the mediation system operated by the director of state courts. This rule establishes those fees for the fiscal year 1999-00. The rule also confirms open records law and exceptions apply to Fund records and imposes a late fee for late or improper filing of certificates of insurance.

(b) Modifications made in proposed rule based on testimony at public hearing:

None.

(c) Persons who appeared or registered regarding the proposed rule:

Appearances For: None.

Appearances Against: None.

Appearances For Information: Theresa Wedekind, Administrator, Patients Compensation Fund.

Registrations For: None.

Registrations Against: None.

Registrations Neither for nor against: None.

Letters received: None.

(d) Response to Legislative Council staff recommendations

All comments were complied with and corrected.

(e) Regulatory flexibility analysis

1. No issues were raised by small businesses during the hearing on the proposed rule.
2. The proposed rule does not impose any additional reporting requirements on small businesses.

(f) Fiscal Effect

See fiscal estimate attached to proposed rule.

Attachment: Legislative Council Staff Recommendations
May 24, 1999