Publication Date: **June 10, 2011**
Effective Date: **June 10, 2011 through November 6, 2011**

EmR1108

ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE

AND THE

BOARD OF GOVERNORS OF THE INJURED PATIENTS AND FAMILIES COMPENSATION FUND

AMENDING, AND REPEALING AND RECREATING A RULE

To amend ss. Ins 17.01 (3) and 17.28 (3) (c), Wis. Adm. Code, and to repeal and recreate s. Ins 17.28 (6), Wis. Adm. Code, relating to annual injured patients and families compensation fund fees, medical mediation panel fees, and provider classifications for the fiscal year beginning July 1, 2011.

FINDING OF EMERGENCY

The Commissioner of Insurance finds that an emergency exists and that the attached rule is necessary for the immediate preservation of the public peace, health, safety, or welfare. Facts constituting the emergency are as follows:

These changes must be in place with an effective date of July 1, 2011 for the new fiscal year assessments. The fiscal year fees were established by the Board of Governors at meeting on February 16, 2011. Although the permanent version is currently under review by the Legislature, it cannot be published in time to meet the necessary effective date.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)

1.Statutes interpreted:

ss. 655.27 (3), and 655.61, Wis. Stats.

2. Statutory authority:

ss. 601.41 (3), 655.004, 655.27 (3) (b), and 655.61, Wis Stats.

3.Explanation of OCI's authority to promulgate the proposed rule under these statutes:

The commissioner of insurance, with the approval of the board of governors (board) of the injured patients and families compensation fund (fund), is required to establish by administrative rule the annual fees which participating health care providers must pay to the fund and the annual fee due for the operation of the medical mediation panel.

4. Related statutes or rules:

None

5. The plain language analysis and summary of the proposed rule:

This rule establishes the fees that participating health care providers must pay to the fund for the fiscal year beginning July 1, 2011. These fees represent a 8.5% increase from fees paid for the 2010-11 fiscal year. The board approved these fees at its meeting on February 16, 2011, based on the recommendation of the board's actuarial and underwriting committee and reports of the fund's actuaries.

This rule includes additions to the Insurance Services Office (ISO) code listing to address new classification specialties. ISO codes are the numerical designation for a health care provider's specialty and are used to classify the provider for assessment purposes.

The board is also required to promulgate by rule the annual fees for the operation of the injured patients and families compensation mediation system, based on the recommendation of the director of state courts. The recommendation of the director of state courts was reviewed by the board's actuarial and underwriting committee. This rule implements the funding level approved by the board by establishing mediation panel fees for the next fiscal year at $25.00 for physicians and $5.00 per occupied bed for hospitals, representing a decrease of $3.00 per physician and a decrease of $1.00 per occupied bed for hospitals from 2010-11 fiscal year mediation panel fees.

6. Summary of and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

To the fund board's and OCI's knowledge there is no existing or proposed federal regulation that is intended to address patient compensation fund rates, administration or activities.

7. Comparison of similar rules in adjacent states as found by OCI:

To the fund board's and OCI's knowledge there are no similar rules in the adjacent states to compare this rule to as none of adjacent states have a patients compensation fund created by statute where rates are directed to be established yearly by rule as is true in Wisconsin.

8. A summary of the factual data and analytical methodologies that OCI used in support of the proposed rule and how any related findings support the regulatory approach chosen for the proposed rule:

None. This rule establishes annual fund fees pursuant to the requirements of the above-noted Wisconsin statutes.

9. Any analysis and supporting documentation that OCI used in support of OCI's determination of the rule's effect on small businesses under s. 227.114:

This increase in fund fees will have an effect on some small businesses in Wisconsin, particularly those that employ physicians and other health care professionals. The mediation panel fee is assessed only on physicians and hospitals, not on corporations or other health care entities. The fund fee increases will affect only those small businesses that pay the fund fees and mediation panel fees on behalf of their employed physicians. However, the fund fee increase will not have a significant effect nor should it negatively affect the small business's ability to compete with other providers.

10. See the attached Private Sector Fiscal Analysis.

The increase in fees promulgated by this rule does not result in a significant fiscal effect on the private sector. Although a health care provider may pass this increase on to its patients, there will not be a significant fiscal effect on the private sector as a result of this proposed rule.

11. A description of the Effect on Small Business:

This rule will have little or no effect on small businesses. The increase contained in the proposed rule will require providers to pay an increased fund fee which will increase the operational expenses for the providers. However, this increase is not considered to be significant and will have no effect on the provider's competitive abilities.

12.Agency contact person:

A copy of the full text of the proposed rule changes, analysis and fiscal estimate may be obtained from the Web site at: **http://oci.wi.gov/ocirules.htm**

or by contacting Inger Williams, OCI Services Section, at:

Phone: (608) 264-8110
Email: inger.williams@wisconsin.gov
Address: 125 South Webster St – 2nd Floor, Madison WI 53703-3474
Mail: PO Box 7873, Madison, WI 53707-7873

13. Place where comments are to be submitted and deadline for submission:

The deadline for submitting comments is 4:00 p.m. on the 14th day after the date for the hearing stated in the Notice of Hearing.

Mailing address:

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Legal Unit - OCI Rule Comment for Rule Ins 1701
Office of the Commissioner of Insurance
PO Box 7873
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theresa.wedekind@wisconsin.gov

Web site: **http://oci.wi.gov/ocirules.htm**

TEXT OF RULE:

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

Ins 17.01 (3) FEE SCHEDULE. The following fee schedule shall be effective July 1, ~~2010~~ 2011:

(a) For physicians-- $~~28.00~~ 25.00.

(b) For hospitals, per occupied bed-- $~~6.00~~ 5.00.

SECTION 2. Ins 17.28 (3)(c) is amended to read:

(c) "Class" means a group of physicians whose specialties or types of practice are similar in their degree of exposure to loss. The specialties and types of practice and the applicable Insurance Services Office, Inc., codes included in each fund class are the following:

1. Class 1:

Administrative Medicine	80120
Aerospace Medicine	80230
Allergy	80254
Allergy (D.O.)	84254
Cardiovascular Disease—no surgery or catheterization	80255
Cardiovascular Disease—no surgery or catheterization (D.O.)	84255
Dermatology—no surgery	80256
Dermatology—no surgery (D.O.)	84256
Diabetes—no surgery	80237
Endocrinology—no surgery	80238
Endocrinology—no surgery (D.O.)	84238
Family or General Practice—no surgery	80420
Family or General Practice—no surgery (D.O.)	84420
Forensic Medicine—Legal Medicine	80240
Forensic Medicine—Legal Medicine (D.O.)	84240
Gastroenterology—no surgery	80241
Gastroenterology—no surgery (D.O.)	84241

General Preventive Medicine—no surgery	80231
General Preventive Medicine—no surgery (D.O.)	84231
Geriatrics—no surgery	80243
Geriatrics—no surgery (D.O.)	84243
Gynecology—no surgery	80244
Gynecology—no surgery (D.O.)	84244
Hematology—no surgery	80245
Hematology—no surgery (D.O.)	84245
Hypnosis	80232
Infectious Diseases—no surgery	80246
Infectious Diseases—no surgery (D.O.)	84246
Internal Medicine—no surgery	80257
Internal Medicine—no surgery (D.O.)	84257
Laryngology—no surgery	80258
Manipulator (D.O.)	84801
Neoplastic Disease—no surgery	80259
Nephrology—no surgery	80260
Nephrology – no surgery (D.O.)	84260
Neurology—no surgery	80261
Neurology—no surgery (D.O.)	84261
Nuclear Medicine	80262
Nuclear Medicine (D.O.)	84262
Nutrition	80248
Occupation Medicine	80233
Occupation Medicine (D.O.)	84233
Oncology – no surgery	80302
Oncology – no surgery (D.O.)	84302
Ophthalmology—no surgery	80263
Ophthalmology—no surgery (D.O.)	84263
Osteopathy—manipulation only	84801
Otology – no surgery	80247
Otorhinolaryngology—no surgery	80265
Otorhinolaryngology—no surgery (D.O.)	84265
Pain Management – no surgery	80208
Pain Management – no surgery (D.O.)	84208
Pathology—no surgery	80266
Pathology—no surgery (D.O.)	84266
Pediatrics—no surgery	80267
Pediatrics—no surgery (D.O.)	84267
Pharmacology—Clinical	80234
Physiatry—Physical Medicine (D.O.)	84235
Physiatry—Physical Medicine & Rehabilitation	80235
Physicians—no surgery	80268
Physicians—no surgery (D.O.)	84268
Psychiatry	80249
Psychiatry—(D.O.)	84249
Psychoanalysis	80250
Psychosomatic Medicine	80251
Psychosomatic Medicine (D.O.)	84251
Public Health	80236
Pulmonary Disease—no surgery	80269
Pulmonary Disease—no surgery (D.O.)	84269
Radiology—diagnostic	80253
Radiology—diagnostic (D.O.)	84253
Radiopaque dye	80449
Radiopaque dye (D.O.)	84449

Rheumatology—no surgery	80252
Rheumatology—no surgery (D.O.)	84252
Rhinology – no surgery	80264
Shock Therapy	80431
Shock Therapy (D.O.)	84431
Shock Therapy—insured	80162
Urgent Care—Walk-in or After Hours	80424
Urgent Care—Walk-in or After Hours (D.O.)	84424
Urology	80121

2. Class 2:

Acupuncture	80437
Acupuncture (D.O.)	84437
Anesthesiology	80151
Anesthesiology (D.O.)	84151
Angiography-Arteriography—catheterization	80422
Angiography-Arteriography—catheterization (D.O.)	84422
Broncho-Esophagology	80101
Cardiovascular Disease—minor surgery	80281
Cardiovascular Disease—minor surgery (D.O.)	84281
Colonoscopy-ERCP-Pneu or mech esoph dil (D.O.)	84443
Colonoscopy-ERCP-pneu. or mech.	80443
Dermatology—minor surgery	80282
Dermatology – minor surgery (D.O.)	84282
Diabetes – minor surgery	80271
Dermatology—minor surgery (D.O.)	84282
Emergency Medicine—No Major Surgery	80102
Emergency Medicine—No Major Surgery (DO)	84102
Employed Physician or Surgeon	80177
Employed Physician or Surgeon (D.O.)	84177
Endocrinology—minor surgery	80272
Endocrinology—minor surgery (D.O.)	84272
Family Practice—and general practice minor surgery—No OB	80423
Family Practice—and general practice minor surgery—No OB (D.O.)	84423
Family or General Practice—including OB (D.O.)	84421
Family or General Practice—including OB	80421
Family or General Practice – including OB (D.O.)	84421
Gastroenterology—minor surgery	80274
Gastroenterology—minor surgery (D.O.)	84274
Geriatrics—minor surgery	80276
Geriatrics—minor surgery (D.O.)	84276
Gynecology—minor surgery	80277
Gynecology—minor surgery (D.O.)	84277
Hematology—minor surgery	80278
Hematology—minor surgery (D.O.)	84278
Hospitalist	80296
Hospitalist (D.O.)	84296
Infectious Diseases—minor surgery	80279
Intensive Care Medicine	80283
Intensive Care Medicine (D.O.)	84283
Internal Medicine—minor surgery	80284
Internal Medicine—minor surgery (D.O.)	84284
Laparoscopy	80440

Laparoscopy (D.O.)	84440
Laryngology—minor surgery	80285
Myelography – Discogram-Pneumoencephalo	80428
Myelography-Discogram-Pneumoencephalo (D.O.)	84428
Needle Biopsy	80446
Needle Biopsy (D.O.)	84446
Nephrology—minor surgery	80287
Neonatology	80298
Neonatology (D.O.)	84298
Neoplastic Disease—minor surgery	80286
Neurology—minor surgery	80288
Neurology—minor surgery (D.O.)	84288
Oncology – minor surgery	80301
Oncology – minor surgery (D.O.)	84301
Ophthalmology—minor surgery	80289
Ophthalmology—minor surgery (D.O.)	84289
Otology – minor surgery	80290
Otorhinolaryngology—minor surgery	80291
Otorhinolaryngology—minor surgery (D.O.)	84291
Pain Management – Basic procedures	80182
Pain Management – Basic procedures (D.O.)	84182
Pathology—minor surgery	80292
Pathology—minor surgery (D.O.)	84292
Pediatrics—minor surgery	80293
Pediatrics—minor surgery (D.O.)	84293
Phlebography-Lymphangeography	80434
Phlebography-Lymphangeography (D.O.)	84434
Physicians—minor surgery	80294
Physicians – minor surgery (D.O.)	84294
Radiation Therapy—lasers	80425
Radiation Therapy—lasers (D.O.)	84425
Radiation Therapy – other than lasers	80165
Radiology—diagnostic-interventional procedures	80280
Radiology—diagnostic-interventional procedures (D.O.)	84280
Rhinology – minor surgery	80270
Surgery—Colon & Rectal	80115
Surgery —Endocrinology	80103
Surgery—Gastroenterology	80104
Surgery – Gastroenterology (D.O.)	84104
Surgery—General Practice or Family Practice	80117
Surgery—General Practice or Family Practice (D.O.)	84117
Surgery—Geriatrics	80105
Surgery—Neoplastic	80107
Surgery—Nephrology	80108
Surgery—Ophthalmology	80114
Surgery—Urological	80145
Surgery—Urological (D.O.)	84145

3. Class 3:

Emergency Medicine—includes major surgery	80157
Emergency Medicine—includes major surgery (D.O.)	84157
Otology—surgery	80158
Radiation Therapy – employed physician	80163

Radiation Therapy – employed physician (D.O.)	84163
Shock Therapy – employed physician	80161
Shock Therapy – employed physician (D.O.)	84161
Surgery—Abdominal	80166
Surgery – Bariatrics	80476
Surgery – Bariatrics (D.O.)	84476
Surgery—Cardiac	80141
Surgery—Cardiovascular Disease	80150
Surgery—Cardiovascular Disease (D.O.)	84150
Surgery—General	80143
Surgery—General (D.O.)	84143
Surgery—Gynecology	80167
Surgery—Gynecology (D.O.)	84167
Surgery—Hand	80169
Surgery—Head & Neck	80170
Surgery – Laryngology	80106
Surgery—Orthopedic	80154
Surgery—Orthopedic (D.O.)	84154
Surgery—Otorhinolaryngology-no plastic surgery	80159
Surgery—Plastic	80156
Surgery—Plastic (D.O.)	84156
Surgery—Plastic-Otorhinolaryngology	80155
Surgery—Plastic-Otorhinolaryngology (D.O.)	84155
Surgery—Rhinology	80160
Surgery—Thoracic	80144
Surgery—Thoracic (D.O.)	84144
Surgery—Traumatic	80171
Surgery—Vascular	80146
Surgery – Vascular (D.O.)	84146
Weight Control—Bariatrics	80180

4. Class 4:

Surgery—Neurology	80152
Surgery—Neurology (D.O.)	84152
Surgery—Obstetrics	80168
Surgery—OB/GYN	80153
Surgery—OB/GYN (D.O.)	84153

Section 3. Ins 17.28 (6) is repealed and recreated to read:

(6) FEE SCHEDULE. The following fee schedule is in effect from July 1, 2011 to June 30, 2012:

(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…. $1,461 Class 3….$5,844

Class 2…. $2,629 Class 4….$9,643

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

Class 1….. $ 731 Class 3….$2,922

Class 2….. $1,314 Class 4….$4,822

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

All classes…… $877

(d) For a Medical College of Wisconsin, Inc., full-time faculty member:

Class 1….. $ 588Class 3….$2,352

Class 2…..$1,051 Class 4….$3,881

(e) For physicians who practice part-time:

1. 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: ..$ 365

2. For a physician who practices 1040 hours or less during the fiscal year, including those who practice fewer than 500 hours during the fiscal year whose practice is not limited to office practice, nursing homes or house calls or who do practice obstetrics, surgery or assist in surgical procedures:

Class 1…..$ 877 Class 3….$3,507

Class 2…..$1,579 Class 4….$5,786

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

Class 1…..$ 731 Class 3….$2,922

Class 2…..$1,314 Class 4….$4,822

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

$ 358

(h) For a nurse anesthetist for whom this state is not a principal place of practice:……$ 179

(i) For a hospital, all of the following fees:

1. Per occupied bed……$ 88

2. Per 100 outpatient visits during the last calendar year for which totals are available:……$ 4.41

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

Per occupied bed…….…..$ 18

(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……$ 51

b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100……..$ 504

c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100……..……$1,255

2. The following fee for each full-time equivalent allied health care professional employed by the partnership as of the most recent completed survey submitted:

Employed Health Care Professionals	Fund Fee
Nurse Practitioners……..…..	$ 365
Advanced Nurse Practitioners……..……	511
Nurse Midwives……..……	3,214
Advanced Nurse Midwives……..……	3,359
Advanced Practice Nurse Prescribers……..……..	511
Chiropractors……..……...	584
Dentists……..……..	292
Oral Surgeons……..……..	2,192
Podiatrists-Surgical……..……	6,209
Optometrists……..……	292
Physician Assistants……..…..	292

(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……...…….$ 51

b. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100……..……$ 504

c. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100…….…….$1,255

2. The following fee for each full-time equivalent allied health care professional employed by the corporation as of the most recent completed survey submitted:

Employed Health Care Professionals	Fund Fee
Nurse Practitioners	$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,359
Advanced Practice Nurse Prescribers	511
Chiropractors	584
Dentists	292
Oral Surgeons	2,192
Podiatrists-Surgical	6,209
Optometrists	292
Physician Assistants	292

(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……..…….$ 51

b. If the total number of employed physicians and nurse anesthetists is from 11 to 100……..$ 504

c. If the total number of employed physicians or nurse anesthetists exceeds 100……..…….$1,255

2. The following fee for each full-time equivalent allied health care professional employed by the corporation as of the most recent completed survey submitted:

Employed Health Care Professionals	Fund Fee
Nurse Practitioners	$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,359
Advanced Practice Nurse Prescribers	511
Chiropractors	584
Dentists	292
Oral Surgeons	2,192
Podiatrists-Surgical	6,209
Optometrists	292
Physician Assistants	292

(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…….……$0.11

2. 3.24% of the total annual fees assessed against all of the employed physicians.

3. The following fee for each full-time equivalent allied health care professional employed by the operational cooperative sickness plan as of the most recent completed survey submitted:

Employed Health Care Professionals	Fund Fee
Nurse Practitioners	$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,359

Advanced Practice Nurse Prescribers……..……..511
Chiropractors……..……...584
Dentists……..…..292
Oral Surgeons……..……..2,192
Podiatrists-Surgical……..……6,209
Optometrists…….…….292
Physician Assistants…….……..292

(o) For a freestanding ambulatory surgery center, as defined in s. DHS 120.03 (13), per 100 outpatient visits during the last calendar year for which totals are available:…….$22.79

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

1. 7.5% of the amount the entity pays as premium for its primary health care liability insurance, if it has occurrence coverage.

2. 11% of the amount the entity pays as premium for its primary health care liability insurance, if it has claims-made coverage.

(q) For an organization or enterprise not specified as a partnership or corporation that is organized and operated in this state 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……...…… $ 51

b. If the total number of employed physicians and nurse anesthetists is from 11 to 100……...$ 504

c. If the total number of employed physicians or nurse anesthetists exceeds 100……$1,255

2. The following for each full-time equivalent allied health care professional employed by the organization or enterprise not specified as a partnership, corporation, or an operational cooperative health care plan as of the most recent completed survey submitted:

Employed Health Care Professionals	Fund Fee
Nurse Practitioners	$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,359
Advanced Practice Nurse Prescribers	511
Chiropractors	584
Dentists	292
Oral Surgeons	2,192
Podiatrists-Surgical	6,209
Optometrists	292
Physician Assistants	292

SECTION 4. These changes will first apply to fund fees and mediation panel fees for fiscal year 2012 beginning July 1, 2011.

SECTION 5. These emergency rule changes will take effect upon publication as provided in s. 227.24(1)(c), Stats.

Dated at Madison, Wisconsin, this _____ day of _____, 2011.

_____
Theodore K. Nickel
Commissioner of Insurance

Division of Executive Budget and Finance
DOA-2047 (R10/2000)

Wisconsin Department of Administration

FISCAL ESTIMATE WORKSHEET

Detailed Estimate of Annual Fiscal Effect

☒ ORIGINAL	☐ UPDATED	LRB Number	Amendment No. if Applicable
☐ CORRECTED	☐ SUPPLEMENTAL	Bill Number	Administrative Rule Number **INS 1701**

Subject
annual injured patients and families compensation fund fees, mediation panel fees, and provider

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

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

GPR Earned	**0**	**-0**
FED	**0**	**-0**
PRO/PRS	**0**	**-0**
SEG/SEG-S	**0**	**-0**
TOTAL State Revenues	**$ 0 None**	**$ -0 None**

NET ANNUALIZED FISCAL IMPACT

	STATE	LOCAL
NET CHANGE IN COSTS	$ **None 0**	$ **None 0**
NET CHANGE IN REVENUES	$ **None 0**	$ **None 0**

Prepared by: Theresa L. Wedekind	**Telephone No.** (608) 266-0953	**Agency** Insurance
Authorized Signature:	**Telephone No.**	**Date (mm/dd/ccyy)**

Division of Executive Budget and Finance
DOA-2048 (R10/2000)

Wisconsin Department of Administration

FISCAL ESTIMATE

☒ ORIGINAL ☐ UPDATED

☐ CORRECTED ☐ SUPPLEMENTAL

LRB Number	Amendment No. if Applicable
Bill Number	Administrative Rule Number **INS 1701**

Subject

annual injured patients and families compensation fund fees, mediation panel fees, and provider classifications

Fiscal Effect

State: ☒ No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

☐ Increase Existing Appropriation ☐ Increase Existing Revenues

☐ Decrease Existing Appropriation ☐ Decrease Existing Revenues

☐ Create New Appropriation

☐ Increase Costs - May be possible to Absorb Within Agency's Budget ☐ Yes ☐ No

☐ Decrease Costs

Local: ☒ No local government costs

1. ☐ Increase Costs
   ☐ Permissive ☐ Mandatory
2. ☐ Decrease Costs
   ☐ Permissive ☐ Mandatory
3. ☐ Increase Revenues
   ☐ Permissive ☐ Mandatory
4. ☐ Decrease Revenues
   ☐ Permissive ☐ Mandatory
5. Types of Local Governmental Units Affected:
   ☐ Towns ☐ Villages ☐ Cities
   ☐ Counties ☐ Others _____
   ☐ School Districts

Fund Sources Affected

☐ GPR ☐ FED ☐ PRO ☐ PRS x☐ SEG ☐ SEG-S

Affected Chapter 20 Appropriations

Assumptions Used in Arriving at Fiscal Estimate

The Injured Patients and Families Compensation Fund (IPFCF or Fund) is a segregated fund. Annual Fund fees are established to become effective each July 1 based the Fund's needs for payment of medical malpractice claims. The proposed fees were approved by the Fund's Board of Governors at its February 16, 2011, meeting and represent an increase of 8.5% over fiscal year 2011 fund fees.

The Fund is a unique fund; there are no other funds like it in the country. The Fund provides unlimited liability coverage and participation is mandatory. These two features make this Fund unique compared to funds in other states. The only persons who will be affected by this rule change are the Fund participants themselves as the IPFCF is fully funded through assessments paid by Fund participants.

There is no effect on GPR.

Long-Range Fiscal Implications

None		
Prepared by: Theresa L. Wedekind	**Telephone No.** (608) 266-0953	**Agency** Insurance
Authorized Signature:	**Telephone No.**	**Date (mm/dd/ccyy)**