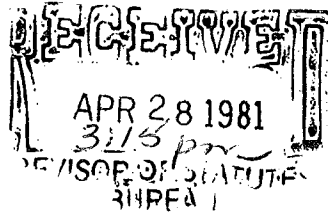


INS 17



STATE OF WISCONSIN)
) ss
OFFICE OF THE COMMISSIONER OF INSURANCE)

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Susan Mitchell, Commissioner of Insurance and custodian of the official records of said office, do hereby certify that the annexed order amending a rule relating to fees for health care providers participating in the Patients Compensation Fund was issued by this office April 27, 1981.

I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name in the City of Madison, State of Wisconsin, this 27th day of April, 1981.

Susan Mitchell
Commissioner of Insurance

STATE OF WISCONSIN
RECEIVED AND FILED

APR 28 1981

VEL PHILLIPS
SECRETARY OF STATE

7-1-81

ORDER OF THE COMMISSIONER OF INSURANCE

Amending a Rule

Relating to fees for health care providers participating in the Patients Compensation Fund.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

The purpose of these amendments is to implement and interpret the provisions of section 655.27 (3), Stats., relating to fees to be paid by health care providers for participation in the Patients Compensation Fund. The rule was originally adopted to provide fees to be effective from July 1, 1980 to June 30, 1981. The purpose of these amendments is to revise the rule to provide for fees to be effective from July 1, 1981 to June 30, 1982, to reflect the actuarial-underwriting experience by the Fund.

Pursuant to the authority vested in the Commissioner of Insurance by section 601.41 (3) and 655.27 (3), Wisconsin Statutes, the Commissioner of Insurance hereby amends a rule implementing and interpreting section 655.27, Wisconsin Statutes, as follows:

SECTION 1. Section Ins 17.28 (6) is amended to read:

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VEL PHILLIPS
SECRETARY OF STATE

(6) Fee schedule. The following fee schedule shall be effective from July 1, ~~1980~~ 1981 to June 30, ~~1981~~ 1982.

(a) For physicians and surgeons

Class 1	\$-194.00	<u>\$ 223.00</u>
Class 2	350.00	<u>403.00</u>
Class 3	600.00	<u>690.00</u>
Class 4	798.00	<u>918.00</u>
Class 5	1000.00	<u>1150.00</u>
Class 6	1200.00	<u>1380.00</u>
Class 7	1600.00	<u>1840.00</u>
Class 8	98.00	<u>113.00</u>

(b) For resident physicians and surgeons (or fellowships)

Class 1	\$116.00	<u>\$ 133.00</u>
Class 2	210.00	<u>242.00</u>
Class 3	360.00	<u>414.00</u>
Class 4	478.00	<u>550.00</u>
Class 5	600.00	<u>690.00</u>
Class 6	726.00	<u>835.00</u>
Class 7	960.00	<u>1104.00</u>

(c) For resident physicians and surgeons (practice outside residency or fellowship)

All classes	\$150.00	<u>\$173.00</u>
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(d) For Medical College of Wisconsin full time faculty

Class 1	\$-80.00	<u>\$ 92.00</u>
Class 2	144.00	<u>166.00</u>
Class 3	246.00	<u>283.00</u>

Class 4	326.00	<u>375.00</u>
Class 5	410.00	<u>472.00</u>
Class 6	494.00	<u>566.00</u>
Class 7	656.00	<u>754.00</u>

(e) For Medical College of Wisconsin resident physicians and surgeons

~~The fee shall be \$25,136. The fee may be adjusted based on the final audit as of June 30, 1980, of the actual risk exposures by the primary carrier. The adjusted fee shall equal 20% of the final audited premium of the primary carrier for Medical College of Wisconsin residents.~~

<u>Class 1</u>	<u>\$ 95.00</u>
<u>Class 2</u>	<u>171.00</u>
<u>Class 3</u>	<u>293.00</u>
<u>Class 4</u>	<u>390.00</u>
<u>Class 5</u>	<u>493.00</u>
<u>Class 6</u>	<u>587.00</u>
<u>Class 7</u>	<u>782.00</u>

The assessment paid by Medical College of Wisconsin shall be determined by multiplying the resident class fee by the number of resident physician exposures in that class as determined by audit by the primary insurance carrier.

Initial assessments, payable on issuance of the policy, shall be computed on the basis of the number of exposures per class during the

prior participation period. Final assessments, payable at the end of the policy period, shall be the initial assessment adjusted for actual physician exposures during the participation period as determined by audit by the primary insurance carrier.

(f) For government employes (state, federal, municipal)

Class 1	\$-145.00	<u>\$ 167.00</u>
Class 2	262.00	<u>301.00</u>
Class 3	450.00	<u>518.00</u>
Class 4	598.00	<u>688.00</u>
Class 5	750.00	<u>863.00</u>
Class 6	900.00	<u>1035.00</u>
Class 7	1200.00	<u>1380.00</u>
Class 8	73.00	<u>84.00</u>

(g) For retired or part time physicians and surgeons (office practice only, less than 500 hours per annum)

Class 1	\$116.00	<u>\$133.00</u>
Class 8	58.00	<u>67.00</u>

(h) For nurse anesthetists ~~\$50.00~~ \$58.00

(i) For podiatrists (non surgical) ~~\$152.00~~ \$175.00

For podiatrists (surgical) ~~\$305.00~~ \$351.00

For retired or part time

podiatrists, non surgical

office practice only, less

than 500 hours practice

per annum \$105.00

