

COMMISSIONER OF INSURANCE

Ins 17 379

Chapter Ins 17

PATIENTS COMPENSATION FUND

Ins 17.001	Definitions (p. 379)	Ins 17.17	Appearances (p. 384)
Ins 17.01	Payment of mediation fund fees (p. 379)	Ins 17.18	Examination of witnesses (p. 384)
Ins 17.02	Petition for declaratory rulings (p. 380)	Ins 17.19	Record (p. 384)
Ins 17.03	How proceedings initiated (p. 380)	Ins 17.20	Stipulations (p. 385)
Ins 17.04	General rules of pleading (p. 380)	Ins 17.21	Motions (p. 385)
Ins 17.05	Caption of pleadings and notice (p. 380)	Ins 17.22	Default (p. 385)
Ins 17.06	Service of papers (p. 381)	Ins 17.23	Arguments (p. 385)
Ins 17.07	Procedure upon filing complaint (p. 381)	Ins 17.24	Review of classification (p. 385)
Ins 17.08	Forms of notice (p. 381)	Ins 17.25	Wisconsin health care liability insurance plan (p. 386)
Ins 17.09	Answer (p. 381)	Ins 17.26	Future medical expense funds (p. 396)
Ins 17.10	Contents of answer (p. 382)	Ins 17.27	Filing of financial statement (p. 397)
Ins 17.11	Hearing examiner (p. 383)	Ins 17.275	Claims information; confidentiality (p. 398)
Ins 17.12	Rules of hearing (p. 383)	Ins 17.28	Health care provider fees (p. 398)
Ins 17.13	Continuances (p. 383)	Ins 17.285	Peer review council (p. 400-4)
Ins 17.14	Hearing public (p. 383)	Ins 17.29	Servicing agent (p. 400-8)
Ins 17.15	Subpoenas (p. 383)	Ins 17.30	Peer review council assessments (p. 400-8)
Ins 17.16	Service (p. 383)		

Ins 17.001 Definitions. (ss. 619.04 and 655.003, Stats.) As used in this chapter:

(1) "Board" means the board of governors established pursuant to s. 619.04 (3), Stats.;

(2) "Fund" means the patients compensation fund established pursuant to s. 655.27 (1), Stats., except as defined in s. Ins 17.24;

(3) "Hearing" includes both hearings and rehearings, and these rules shall cover both so far as applicable, except where otherwise specifically provided by statute or in ch. Ins 17.

(4) "Plan" means the Wisconsin health care liability insurance plan established by s. Ins 17.25 pursuant to s. 619.01 (1) (a), Stats.;

(5) "Commissioner" means the commissioner of insurance or deputy whenever detailed by the commissioner or discharging the duties and exercising the powers of the commissioner during an absence or a vacancy in the office of the commissioner, as provided by s. 601.11 (1) (b), Stats.

History: Cr. Register, July, 1979, No. 283, eff. 8-1-79.

Ins 17.01 Payment of mediation fund fees. (1) **PURPOSE.** This rule implements the provisions of ch. 655.61, Stats., relating to the payment of mediation fund fees.

(2) **PAYMENT OF FEES TO FINANCE THE MEDIATION SYSTEM.** (a) Every physician practicing in the state, subject to ch. 655, Stats., excluding those in a residency or fellowship training program, and every hospital operating in the state, subject to ch. 655, Stats., shall pay to the commissioner of insurance an annual fee to finance the mediation system created

Register, March, 1988, No. 387

by s. 655.42, Stats. The commissioner of insurance shall deposit all such fees collected in the mediation fund created by s. 655.68, Stats.

(b) The fee is due and payable upon receipt of the billing by the physician or hospital.

(c) Any physician or hospital who has not paid the fee within 30 days from the date the billing is received shall be deemed to be in noncompliance with s. 655.61 (1), Stats.

(d) The commissioner shall notify the department of regulation and licensing of each physician who has not paid the fee, and who is, therefore, in noncompliance with s. 655.61 (1), Stats.

(e) The commissioner shall notify the department of health and social services of each hospital which has not paid the fee, and which is, therefore, in noncompliance with s. 655.61 (1), Stats.

(f) Fees collected under this section are not refundable except to correct an administrative billing error.

(3) **FEE SCHEDULE.** The following fee schedule shall be effective July 1, 1987:

(a) For physicians — \$-0-

(b) For hospitals — \$-0-

History: Cr. Register, August, 1978, No. 272, eff. 9-1-78; emerg. r. and recr. eff. 7-2-86; r. and recr., Register, September, 1986, No. 369, eff. 10-1-86; cr. (2) (f), am. (3), Register, June, 1987, No. 378, eff. 7-1-87.

Ins 17.02 Petition for declaratory rulings. (ss. 619.04 and 655.003, Stats.) (1) Petitions for declaratory rulings shall be governed by s. 227.06, Stats.

(2) Such petitions shall be filed with the commissioner who shall investigate, give notice, etc.

(3) All final determinations shall be made by the board.

History: Cr. Register, July, 1979, No. 283, eff. 8-1-79.

Ins 17.03 How proceedings initiated. (ss. 619.04 and 655.003, Stats.) Proceedings for a hearing upon a matter may be initiated:

(1) On a complaint, specifying all grounds which the complainant wishes to be considered at the hearing, by any individual, corporation, partnership or association which is aggrieved, filed in triplicate (original and 2 copies) with the commissioner.

(2) By the board on its own motion whenever its investigation discloses probable ground therefore.

History: Cr. Register, July, 1979, No. 283, eff. 8-1-79; am. (intro.) and (1), Register, February, 1988, No. 386, eff. 3-1-88.

Ins 17.04 General rules of pleading. (ss. 619.04 and 655.003, Stats.) All pleadings shall be governed by s. 802.02, Stats., where applicable.

History: Cr. Register, July, 1979, No. 283, eff. 8-1-79.

Ins 17.05 Caption of pleadings and notice. (ss. 619.04 and 655.003, Stats.) All pleading, notices, orders and other papers filed in reference to Register, March, 1988, No. 387

3. Against a private medical malpractice insurer, the actual cost incurred by the council for its review of any claim paid by the private insurer, if the private insurer requests a recommendation on premium adjustments with respect to that claim under s. 655.275 (5) (a) 3, Stats.

(b) Amounts collected under par. (a) 3 shall be applied to reduce, in equal amounts, the assessments under par. (a) 1 and 2 for the same fiscal year.

(3) PAYMENT. Each assessment under sub. (2) shall be paid within 30 days after the billing date.

History: Cr. Register, June, 1987, No. 378, eff. 7-1-87.