



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott McCallum, Governor
Connie L. O'Connell, Commissioner

June 18, 2002

Wisconsin.gov

121 East Wilson Street • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-3585 • Fax: (608) 266-9935
E-Mail: information@oci.state.wi.us
Web Address: oci.wi.gov

Members of the Legislature

Re: Emergency Rule affecting Section Ins 17.28(6a), 17.25(3)(d)4, 17.25(3)(d)3, 17.01(3) and 17.28(6), Wis. Adm. Code, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 2002 and relating to whclip primary limits

Dear Senator or Representative to the Assembly:

I have promulgated the attached rule as an emergency rule. The rule will be published in the official State newspaper on June 19, 2002.

The attached copy of the rule includes the Finding of Emergency which required promulgation of the rule.

If you have any questions, please contact Alice M. Shuman-Johnson at (608) 266-9892 or e-mail at Alice.Shuman-Johnson@oci.state.wi.us.

Sincerely,

Connie L. O'Connell
Commissioner

CLO:AS

Attachment: 1 copy rule



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott McCallum, Governor
Connie L. O'Connell, Commissioner
Wisconsin.gov

June 13, 2002

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STATE OF WISCONSIN

OFFICE OF THE COMMISSIONER OF INSURANCE

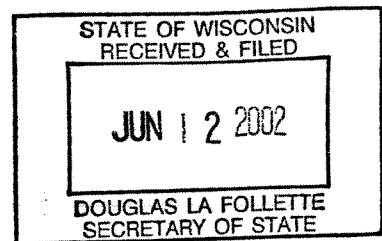
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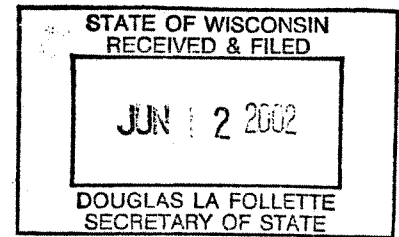
I, Connie L. O'Connell, Commissioner of Insurance and custodian of the official records, certify that the annexed emergency rule affecting Section Ins 17.28(6a), 17.25(3)(d)4, 17.25(3)(d)3, 17.01(3) and 17.28(6), Wis. Adm. Code, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 2002 and relating to whclip primary limits, is duly approved and adopted by this Office on June 13, 2002.

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 June 13, 2002.

Connie L. O'Connell
Commissioner





PROPOSED ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE

AND THE

BOARD OF GOVERNORS OF THE PATIENTS COMPENSATION FUND

REPEALING, 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 repeal s. Ins 17.28 (6a), to renumber s. Ins 17.25 (3) (d) 4, to amend s. Ins 17.01 (3) and s. Ins 17.25 (3) (d) 3, to repeal and recreate s. Ins 17.28 (6), and to create s. Ins 17.25 (3) (d) 4, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 2002 and relating to the Wisconsin health care insurance plan's primary limits.

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 655.61, 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, 2002. These fees represent a 5% decrease compared with fees paid for the 2001-02 fiscal year. The board approved these fees at its meeting on February 27, 2002, 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 funding level

recommendation of the board's actuarial and underwriting committee by establishing mediation panel fees for the next fiscal year at \$ 19.00 for physicians and \$1.00 per occupied bed for hospitals, representing a 50% decrease from 2001-02 fiscal year mediation panel fees.

This rule also amends s. Ins. 17.25(3)(d) to reflect the increased primary limit of \$1,000,000/\$3,000,000 for occurrences on and after July 1, 1997 for the Wisconsin health care liability plan as required by s. 655.23(4)(b), Wis. Stats.

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:

Actuarial and accounting data necessary to establish PCF fees is first available in January of each year. It is not possible to complete the permanent fee rule process 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, 2002.

The commissioner expects that the permanent rule corresponding to this emergency rule, clearinghouse No. 02-035, will be filed with the secretary of state in time to take effect September 1, 2002. Because the fund fee provisions of this rule first apply on July 1, 2002, it is necessary to promulgate the rule on an emergency basis. A hearing on the permanent rule, pursuant to published notice thereof, was held on May 3, 2002.

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

Ins 17.01 (3) FEE SCHEDULE. (intro.) The following fee schedule shall be effective July 1, ~~2001~~ 2002:

(a) For physicians-- ~~\$38.00~~ 19.00

(b) For hospitals, per occupied bed-- ~~\$2.00~~ 1.00

SECTION 2. Ins 17.25(3)(d) 3. is amended to read:

Ins 17.25(3)(d) 3. Except as provided in ~~subd. 4.~~ subds. 4. and 5., for occurrences on ~~and~~ or after July 1, 1988, and before July 1, 1997, \$400,000 for each occurrence and \$1,000,000 for all occurrences in any one policy year.

SECTION 3. Ins 17.25(3)(d) 4. is renumbered Ins 17.25(3)(d) 5.

SECTION 4. Ins 17.25(3)(d) 4. is created to read:

Ins 17.25(3)(d) 4. Except as provided in subd. 5., for occurrences on or after July 1, 1997, \$1,000,000 for each occurrence and \$3,000,000 for all occurrences in any one policy year.

SECTION 5. 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, 2002, to and including June 30, 2003:

(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	\$6,063
Class 2	\$2,630	Class 4	\$8,766

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

Class 1	\$731	Class 3	\$3,034
Class 2	\$1,316	Class 4	\$4,386

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

All classes	\$877
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(d) For a medical college of Wisconsin, inc., full-time faculty member:

Class 1	\$584	Class 3	\$2,424
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Class 2	\$1,051	Class 4	\$3,504
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(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: \$365

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

Class 1	\$731	Class 3	\$3,034
---------	-------	---------	---------

Class 2	\$1,316	Class 4	\$4,386
---------	---------	---------	---------

(g) For a nurse anesthetist for whom this state is a principal place of practice: \$359

(h) For a nurse anesthetist for whom this state is not a principal place of practice: \$180

(i) For a hospital:

1. Per occupied bed \$88; plus

2. Per 100 outpatient visits during the last calendar year for which totals are available: \$4.40

(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	\$16
------------------	------

(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 \$50

b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100 \$503

c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100 \$1,256

2. The following fee for each of the following employees employed by the partnership as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,360
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 \$50
- b. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100 \$503
- c. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100 \$1,256

2. The following for each of the following employees employed by the corporation as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511

Nurse Midwives	3,214
Advanced Nurse Midwives	3,360
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 \$50

b. If the total number of employed physicians and nurse anesthetists is from 11 to 100 \$503

c. If the total number of employed physicians or nurse anesthetists exceeds 100 \$1,256

2. The following for each of the following employees employed by the corporation as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,360
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 \$.10

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

3. The following for each of the following employees employed by the operational cooperative sickness plan as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,360
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. HFS 120.03 (10):

Per 100 outpatient visits during the last calendar year for which totals are available \$21

(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 6. Ins 17.28 (6a) is repealed.

SECTION 7. EFFECTIVE DATE. This rule will take effect on July 1, 2002.

Dated at Madison, Wisconsin, this 11 day of June 2002.

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



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott McCallum, Governor
Connie L. O'Connell, Commissioner

June 18, 2002

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HONORABLE JUDITH ROBSON
SENATE CO-CHAIRPERSON
JOINT COMM FOR REVIEW OF ADM RULES
SOUTH STATE CAPITOL RM 15
MADISON WI 53702

Re: Emergency Rule affecting Section Ins 17.28(6a), 17.25(3)(d)4, 17.25(3)(d)3, 17.01(3) and 17.28(6), Wis. Adm. Code, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 2002 and relating to whclip primary limits

Dear Senator Robson:

I am promulgating the attached rule as an emergency rule. It will be published in the official State newspaper on June 19, 2002.

If you have any questions, please contact Alice M. Shuman-Johnson at (608) 266-9892 or e-mail at Alice.Shuman-Johnson@oci.state.wi.us.

Sincerely,

Connie L. O'Connell
Commissioner

CLO:AS
Attachment: 1 copy rule



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STATE OF WISCONSIN |
OFFICE OF THE COMMISSIONER OF INSURANCE | SS

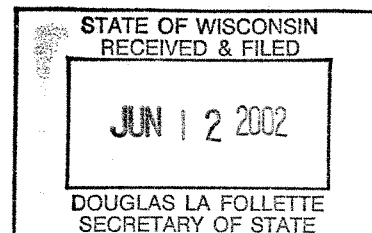
I, Connie L. O'Connell, Commissioner of Insurance and custodian of the official records, certify that the annexed emergency rule affecting Section Ins 17.28(6a), 17.25(3)(d)4, 17.25(3)(d)3, 17.01(3) and 17.28(6), Wis. Adm. Code, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 2002 and relating to whclip primary limits, is duly approved and adopted by this Office on June 13, 2002.

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 June 13, 2002.

Connie L. O'Connell
Commissioner

STATE OF WISCONSIN
RECEIVED & FILED
JUN 12 2002
DOUGLAS LA FOLLETTE
SECRETARY OF STATE



PROPOSED ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE

AND THE

BOARD OF GOVERNORS OF THE PATIENTS COMPENSATION FUND

REPEALING, 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 repeal s. Ins 17.28 (6a), to renumber s. Ins 17.25 (3) (d) 4, to amend s. Ins 17.01 (3) and s. Ins 17.25 (3) (d) 3, to repeal and recreate s. Ins 17.28 (6), and to create s. Ins 17.25 (3) (d) 4, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 2002 and relating to the Wisconsin health care insurance plan's primary limits.

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 655.61, 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, 2002. These fees represent a 5% decrease compared with fees paid for the 2001-02 fiscal year. The board approved these fees at its meeting on February 27, 2002, 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 funding level

recommendation of the board's actuarial and underwriting committee by establishing mediation panel fees for the next fiscal year at \$ 19.00 for physicians and \$1.00 per occupied bed for hospitals, representing a 50% decrease from 2001-02 fiscal year mediation panel fees.

This rule also amends s. Ins. 17.25(3)(d) to reflect the increased primary limit of \$1,000,000/\$3,000,000 for occurrences on and after July 1, 1997 for the Wisconsin health care liability plan as required by s. 655.23(4)(b), Wis. Stats.

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:

Actuarial and accounting data necessary to establish PCF fees is first available in January of each year. It is not possible to complete the permanent fee rule process 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, 2002.

The commissioner expects that the permanent rule corresponding to this emergency rule, clearinghouse No. 02-035, will be filed with the secretary of state in time to take effect September 1, 2002. Because the fund fee provisions of this rule first apply on July 1, 2002, it is necessary to promulgate the rule on an emergency basis. A hearing on the permanent rule, pursuant to published notice thereof, was held on May 3, 2002.

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

Ins 17.01 (3) FEE SCHEDULE. (intro.) The following fee schedule shall be effective July 1, ~~2001~~ 2002:

(a) For physicians-- ~~\$38.00~~ 19.00

(b) For hospitals, per occupied bed-- ~~\$2.00~~ 1.00

SECTION 2. Ins 17.25(3)(d) 3. is amended to read:

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SECTION 3. Ins 17.25(3)(d) 4. is renumbered Ins 17.25(3)(d) 5.

SECTION 4. Ins 17.25(3)(d) 4. is created to read:

Ins 17.25(3)(d) 4. Except as provided in subd. 5., for occurrences on or after July 1, 1997, \$1,000,000 for each occurrence and \$3,000,000 for all occurrences in any one policy year.

SECTION 5. 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, 2002, to and including June 30, 2003:

(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	\$6,063
Class 2	\$2,630	Class 4	\$8,766

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

Class 1	\$731	Class 3	\$3,034
Class 2	\$1,316	Class 4	\$4,386

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

All classes	\$877
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(d) For a medical college of Wisconsin, inc., full-time faculty member:

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(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: \$365

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

Class 1 \$731 Class 3 \$3,034
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(g) For a nurse anesthetist for whom this state is a principal place of practice: \$359

(h) For a nurse anesthetist for whom this state is not a principal place of practice: \$180

(i) For a hospital:

1. Per occupied bed \$88; plus
2. Per 100 outpatient visits during the last calendar year for which totals are available: \$4.40

(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 \$16

(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 \$50

b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100 \$503

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2. The following fee for each of the following employees employed by the partnership as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
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(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 \$50
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Dentists	292

Oral Surgeons	2,192
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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 \$.10

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

3. The following for each of the following employees employed by the operational cooperative sickness plan as of July 1, 2002:

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Per 100 outpatient visits during the last calendar year for which totals are available \$21

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

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

SECTION 6. Ins 17.28 (6a) is repealed.

SECTION 7. EFFECTIVE DATE. This rule will take effect on July 1, 2002.

Dated at Madison, Wisconsin, this 11 day of June 2002.

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



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

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June 12, 2002

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HONORABLE JUDITH ROBSON
SENATE CO-CHAIRPERSON
JOINT COMM FOR REVIEW OF ADM RULES
SOUTH STATE CAPITOL RM 15
MADISON WI 53702

Re: Emergency Rule affecting Section Ins 17.28(6a), 17.25(3)(d)4, 17.25(3)(d)3,
17.01(3) and 17.28(6), Wis. Adm. Code, relating to annual patients
compensation fund and mediation fund fees for the fiscal year beginning
July 1, 2002 and relating to whclip primary limits

Dear Senator Robson:

I will be promulgating an emergency rule. Attached is a draft of the rule for your review. The reasons for proceeding with an emergency rule are given in the Finding of Emergency in the rule. It will be published in the official State newspaper in about a week.

If you have any questions, please contact Alice M. Shuman-Johnson at (608) 266-9892 or e-mail at Alice.Shuman-Johnson@oci.state.wi.us.

Sincerely,

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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 17.28(6a), 17.25(3)(d)4, 17.25(3)(d)3, 17.01(3) and 17.28(6), Wis. Adm. Code, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 2002 and relating to whclip primary limits, is duly approved and adopted by this Office on June 13, 2002.

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.

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121 East Wilson Street, Madison, Wisconsin,
on June 13, 2002.

Connie L. O'Connell
Commissioner

PROPOSED ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE

AND THE

BOARD OF GOVERNORS OF THE PATIENTS COMPENSATION FUND

REPEALING, 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 repeal s. Ins 17.28 (6a), to renumber s. Ins 17.25 (3) (d) 4, to amend s. Ins 17.01 (3) and s. Ins 17.25 (3) (d) 3, to repeal and recreate s. Ins 17.28 (6), and to create s. Ins 17.25 (3) (d) 4, relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 2002 and relating to the Wisconsin health care insurance plan's primary limits.

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 655.61, 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, 2002. These fees represent a 5% decrease compared with fees paid for the 2001-02 fiscal year. The board approved these fees at its meeting on February 27, 2002, 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 funding level

recommendation of the board's actuarial and underwriting committee by establishing mediation panel fees for the next fiscal year at \$ 19.00 for physicians and \$1.00 per occupied bed for hospitals, representing a 50% decrease from 2001-02 fiscal year mediation panel fees.

This rule also amends s. Ins. 17.25(3)(d) to reflect the increased primary limit of \$1,000,000/\$3,000,000 for occurrences on and after July 1, 1997 for the Wisconsin health care liability plan as required by s. 655.23(4)(b), Wis. Stats.

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:

Actuarial and accounting data necessary to establish PCF fees is first available in January of each year. It is not possible to complete the permanent fee rule process 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, 2002.

The commissioner expects that the permanent rule corresponding to this emergency rule, clearinghouse No. 02-035, will be filed with the secretary of state in time to take effect September 1, 2002. Because the fund fee provisions of this rule first apply on July 1, 2002, it is necessary to promulgate the rule on an emergency basis. A hearing on the permanent rule, pursuant to published notice thereof, was held on May 3, 2002.

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

Ins 17.01 (3) FEE SCHEDULE. (intro.) The following fee schedule shall be effective July 1, ~~2001~~ 2002:

(a) For physicians-- ~~\$38.00~~ 19.00

(b) For hospitals, per occupied bed-- ~~\$2.00~~ 1.00

SECTION 2. Ins 17.25(3)(d) 3. is amended to read:

Ins 17.25(3)(d) 3. Except as provided in ~~subd. 4.~~ subds. 4. and 5., for occurrences on ~~and~~ or after July 1, 1988, and before July 1, 1997, \$400,000 for each occurrence and \$1,000,000 for all occurrences in any one policy year.

SECTION 3. Ins 17.25(3)(d) 4. is renumbered Ins 17.25(3)(d) 5.

SECTION 4. Ins 17.25(3)(d) 4. is created to read:

Ins 17.25(3)(d) 4. Except as provided in subd. 5., for occurrences on or after July 1, 1997, \$1,000,000 for each occurrence and \$3,000,000 for all occurrences in any one policy year.

SECTION 5. 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, 2002, to and including June 30, 2003:

(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	\$6,063
Class 2	\$2,630	Class 4	\$8,766

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

Class 1	\$731	Class 3	\$3,034
Class 2	\$1,316	Class 4	\$4,386

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

All classes	\$877
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(d) For a medical college of Wisconsin, inc., full-time faculty member:

Class 1	\$584	Class 3	\$2,424
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Class 2 \$1,051 Class 4 \$3,504

(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: \$365

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

Class 1 \$731 Class 3 \$3,034

Class 2 \$1,316 Class 4 \$4,386

(g) For a nurse anesthetist for whom this state is a principal place of practice: \$359

(h) For a nurse anesthetist for whom this state is not a principal place of practice: \$180

(i) For a hospital:

1. Per occupied bed \$88; plus

2. Per 100 outpatient visits during the last calendar year for which totals are available: \$4.40

(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 \$16

(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 \$50

b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100 \$503

c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100 \$1,256

2. The following fee for each of the following employees employed by the partnership as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,360
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 \$50
- b. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100 \$503
- c. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100 \$1,256

2. The following for each of the following employees employed by the corporation as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511

Nurse Midwives	3,214
Advanced Nurse Midwives	3,360
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 \$50

b. If the total number of employed physicians and nurse anesthetists is from 11 to 100 \$503

c. If the total number of employed physicians or nurse anesthetists exceeds 100 \$1,256

2. The following for each of the following employees employed by the corporation as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,360
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 \$.10

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

3. The following for each of the following employees employed by the operational cooperative sickness plan as of July 1, 2002:

Employed Health Care Persons	July 1, 2002 Fund Fee
Nurse Practitioners	\$ 365
Advanced Nurse Practitioners	511
Nurse Midwives	3,214
Advanced Nurse Midwives	3,360
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. HFS 120.03 (10):

Per 100 outpatient visits during the last calendar year for which totals are available \$21

(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 6. Ins 17.28 (6a) is repealed.

SECTION 7. EFFECTIVE DATE. This rule will take effect on July 1, 2002.

Dated at Madison, Wisconsin, this 11 day of June 2002.

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