

CR 85-142

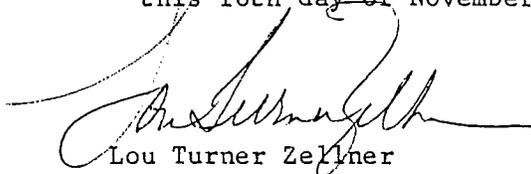
STATE OF WISCONSIN )  
 )  
OFFICE OF THE COMMISSIONER OF INSURANCE)

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Lou Turner Zellner, Deputy Commissioner of Insurance and custodian of the official records of said office, do hereby certify that the annexed order repealing, renumbering, amending and creating a rule relating to health care provider fees for the Patients Compensation Fund was issued by this office November 18, 1985.

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 18th day of November, 1985.



Lou Turner Zellner  
Deputy Commissioner of Insurance

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DOUGLAS LA FOLLETTE  
SECRETARY OF STATE

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STATE OF WISCONSIN  
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NOV 18 1985

DOUGLAS LA FOLLETTE  
SECRETARY OF STATE

ORDER OF THE COMMISSIONER OF INSURANCE

To repeal Ins 17.28 (7) (a) 5., to renumber and amend Ins 17.28 (7) (a) 3. and 4., to amend Ins 17.28 (7) (a) 2. (c), and create Ins 17.28 (7) (a) 3. relating to health care provider fees for the Patients Compensation Fund.

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ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

The purpose of these changes is to amend the system by which health care providers are billed and pay fees to the Patients Compensation Fund for fiscal year 1985-86 in order to give providers options as to the mode of payment. The changes also delete the requirement that providers are assessed a separate administrative fee to cover the costs of developing a multi-billing system.

On January 1, 1986, all health care providers except podiatrists will be billed one-half the difference between the 1984-85 assessment and the 1985-86 assessment. Providers will be given an option of paying the remaining fee in one payment in January, 1986, or in two equal payments--one in January, 1986, and one in April, 1986. Providers will be assessed interest on that portion of the fees not paid in July, 1985, but will not be assessed for administrative costs to develop the multi-billing system.

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These changes will have no effect on the majority of small business. However, they will be beneficial to the businesses owned by health care providers as they will not have to pay as much interest if they choose the option to pay the fees in one payment. Also, they will no longer be required to pay an assessment for administrative costs.

Ins 17.28 implements and interprets s. 655.27 (3).

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Pursuant to the authority vested in the Commissioner of Insurance by ss. 601.41 (3), 655.003 and 655.27 (3) (b), Stats., the Commissioner hereby repeals, renumbers and amends, amends, and creates sections of a rule which implement and interpret s. 655.27 (3) (a) and (d), Stats., as follows:

SECTION 1. Ins 17.28 (7) (a) 2. is amended to read:

2. On January 1, 1986, or as soon as feasible thereafter, bill all health care providers except podiatrists ~~one-half~~ the difference between the fee assessment for the provider's particular class for fiscal year 1985-1986 and the fee assessment for the provider's class for fiscal year 1984-1985;

SECTION 2. Ins 17.28 (7) (a) 3. is created to read:

3. With the January 1, 1986, billing notice, advise all health care providers except podiatrists of their right to pay the remaining fee assessment in one payment or to pay the remaining fee assessment in two equal payments, the first payment to be made in January, 1986, and the second in April, 1986;

*11-18-85* SECTION 3. Ins <sup>17.28</sup> ~~17.18~~ (7) (a) 3. and 4. are renumbered and amended to read:

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~~3.~~ 4. On April 1, 1986, or as soon as feasible thereafter, bill all health care providers, except podiatrists, who chose the option to pay the remaining fee assessment in two equal payments one-half the difference between the fee assessment for the provider's particular class for fiscal year 1985-1986 and the fee assessment for the provider's class for fiscal year 1984-1985.

~~4.~~ 5. Include with the January 1, 1986, and the April 1, 1986, billing statements a fee assessment for ~~one-half~~ the interest the fund could reasonably have expected to earn had the fee assessment for 1985-1986 been paid in total at the beginning of the fiscal year. The rate of interest shall be the average annualized rate earned by the fund for the preceding fiscal year as determined by the state investment board.

SECTION 4. Ins 17.28 (7) (a) 5. is repealed.

SECTION 5. Ins 17.28 (7) (c) is amended to read:

(c) Health care providers, except podiatrists, who begin practicing or operating at any time after July 1, 1985, and before December 31, 1985, shall be assessed and shall pay in one sum the pro rata fee subject to sub. (4) for fiscal year 1985-1986 from the date the provider begins practicing or operating through December 31, 1985. On January 1, 1986, ~~and again on April 1, 1986,~~ or as soon as possible thereafter, the commissioner shall bill all health care providers except podiatrists who entered the fund after July 1, 1985, ~~one-fourth~~ one-half of the fee assessment for fiscal year 1985-1986. With the January 1, 1986, billing notice, all health care providers shall be advised of their right to pay the remaining fee assessment in one payment or to pay the remaining fee assessment in two equal payments,

the first payment to be made in January, 1986, and the second in April, 1986.

Interest shall be assessed in accordance with par. (a) ~~(4)~~ 5. An  
~~administrative-fee-assessment-shall-be-assessed-in-accordance-with-par.--(a)~~  
~~(5)~~.

As provided in s. 227.026 (1) (introl.), Stats., this rule shall take effect on the first day of the month following its publication.

Dated at Madison, Wisconsin, this 15<sup>th</sup> day of November, 1985.

  
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Lou Turner Zellner  
Deputy Commissioner of Insurance

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# Tom Hauke

**State Representative**  
**23rd Assembly District**



CHAIRMAN:  
Committee on Financial Institutions  
and Insurance  
MEMBER:  
Committee on Labor  
Legislative Council Committee on  
Prosecutorial Systems

October 31, 1985

Mr. Tom Fox  
Insurance Commissioner  
7th Floor  
123 W. Washington Ave.  
Madison, WI

Dear Tom:

As Chairman of the Committee on Financial Institutions and Insurance, I am waiving the 30 day review period on clearinghouse rules 85-141, relating to premiums for the health insurance risk-sharing plan; 85-142, relating to health care provider fees for the patients compensation fund.; and 85-152 relating to annuity reserves.

Sincerely,

THOMAS A. HAUKE  
State Representative  
23rd Assembly District

TAH:lh



The State of Wisconsin  
Office of the Commissioner of Insurance

Thomas P. Fox  
Commissioner  
(608) 266-3585

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DATE: November 18, 1985  
TO: Gary Poulson  
FROM: M. E. Van Cleave  
Assistant Deputy Commissioner of Insurance  
SUBJECT: Ins 17.28, Clearinghouse No. 85-142

*[Handwritten signature]*

Enclosed are two copies of an Order of the Commissioner of Insurance repealing, renumbering, amending and creating Ins 17.28, Clearinghouse No. 85-142 relating to Patients Compensation Fund fees.

MEV:LH:imk  
Enclosure  
3604K