

CR 87-29

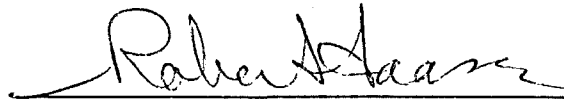
STATE OF WISCONSIN )  
 )  
OFFICE OF THE COMMISSIONER OF INSURANCE)

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Robert D. Haase, Commissioner of Insurance and custodian of the official records of said office, do hereby certify that the annexed order amending and creating a rule relating to health care provider fees and payment of mediation fund fees for the Patients Compensation Fund was issued by this office on May 29, 1987.

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 29th day of May, 1987.



Robert D. Haase  
Commissioner of Insurance

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STATE OF WISCONSIN  
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**MAY 29 1987**

DOUGLAS LA FOLLETTE  
SECRETARY OF STATE

7-1-87

MAY 29 1987

ORDER OF THE COMMISSIONER OF INSURANCE  
CREATING AND AMENDING A RULE

DOUGLAS LA FOLLETTE  
SECRETARY OF STATE

To amend Ins 17.01 (3) and 17.28 (2), (4) (b) and (d), (6) and (7) (intro.); and to create Ins 17.01 (2) (f), relating to health care provider fees and payment of mediation fund fees for the patients compensation fund.

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ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory Authority: 655.003, 655.27 (3), 655.61, and 601.41 (3), Stats.

This rule establishes, for fiscal year 1987-88, the fees imposed on health care providers covered by the patients compensation fund and the fees assessed against physicians and hospitals for funding the mediation system for resolving medical malpractice claims. The rules are also amended to clarify that fees for the patients compensation fund or mediation system may be refunded to correct administrative billing errors. The rule also authorizes the patients compensation fund to refund fee overpayments resulting from a change of class. However, in no case shall the fund calculate refunds or credits on a previous fiscal year's assessment except to correct an administrative billing error. A sufficient surplus exists in the mediation panel's account to eliminate the need for collection of mediation panel fees for the fiscal year 1987-88.

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SECTION 1. Ins 17.01 (2) (f) is created to read:

Ins 17.01 (2) (f) Fees collected under this section are not refundable except to correct an administrative billing error.

SECTION 2. Ins 17.01 (3) is amended to read:

Ins 17.01 (3) FEE SCHEDULE. The following fee schedule shall be effective July 1, ~~1986~~ 1987:

(a) For physicians - ~~\$40.00~~ -\$0-

(b) For hospitals - ~~\$2.00~~ -\$0- per bed

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

Ins 17.28 (2) SCOPE. This section applies to fees charged health care providers as defined in s. 655.001 (8), Stats. Nothing in this section shall apply to ~~operating~~ fees charged for operation of the ~~Patients-Compensation-Panels-under-s.-655.21~~ mediation system under s. 655.61, Stats.

SECTION 4. Ins 17.28 (4) (b) and (d) are amended to read:

Ins 17.28 (4) (b) If a health care provider exits the fund prior to June 30, the fund shall issue the provider a refund or credit of one-twenty-fourth (1/24) the annual fee for that class or provider for each full semimonthly period between the date of exit and the next June 30. Retroactive class changes resulting in refunds or credits shall be processed retroactively for a maximum of 60 days from the fund's receipt of the amended or renewal certificate. In no case shall the fund calculate refunds or credits on a previous fiscal year's assessment except to correct an administrative billing error.

(d) If a health care provider changes class or type, which results in a decreased assessment, the fund shall issue the provider an adjusted fee, a refund or a credit to remaining payments comprised of one-twenty-fourth (1/24) the annual assessment for the old provider class for each semimonthly period

between the original assessment date and the date of change, and one-twenty-fourth (1/24) the annual assessment for the new provider class for each full semimonthly period between the date of change and the next June 30. Retroactive class changes resulting in refunds or credits shall be processed retroactively for a maximum of 60 days from the fund's receipt of the amended or renewal certificate. In no case shall the fund calculate refunds or credits on a previous fiscal year's assessment except to correct an administrative billing error.

SECTION 5. Ins 17.28 (6) is amended to read:

(6) FEE SCHEDULE. The following fee schedule shall be effective from July 1, ~~1986~~ 1987, to June 30, ~~1987~~ 1988:

(a) For physicians and surgeons:

Class 1	\$-1,939	<u>\$2,094</u>	Class 3	\$-9,695	<u>\$10,470</u>
Class 2	--3,878	<u>4,188</u>	Class 4	--11,634	<u>12,564</u>

(b) For resident physicians and surgeons involved in post graduate medical education or a fellowship:

Class 1	\$-1,163	<u>\$1,256</u>	Class 3	\$-5,815	<u>\$ 6,280</u>
Class 2	--2,326	<u>2,512</u>	Class 4	--6,978	<u>7,536</u>

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

All Classes	\$1,163	<u>\$1,256</u>
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(d) For Medical College of Wisconsin full time faculty:

Class 1	\$---776	<u>\$ 838</u>	Class 3	\$-3,880	<u>\$ 4,190</u>
Class 2	--1,552	<u>1,676</u>	Class 4	--4,656	<u>5,028</u>

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

<del>1</del> Class 1	\$---970	<u>\$1,047</u>	Class 3	\$-4,850	<u>\$ 5,235</u>
Class 2	--1,940	<u>2,094</u>	Class 4	--5,820	<u>6,282</u>

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

<del>1-</del> Class 1	<del>\$-1,454</del>	<u>\$1,571</u>	Class 3	<del>--7,270</del>	<u>\$ 7,855</u>
Class 2	<del>--2,908</del>	<u>3,142</u>	Class 4	<del>--8,724</del>	<u>9,426</u>

(g) For retired or part time physicians and surgeons with an office practice only and no hospital admissions who practice less than 500 hours per fiscal year:

Physicians	<del>\$1,163</del>	<u>\$1,256</u>
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(h) For nurse anesthetists:	<del>\$--519</del>	<u>\$ 561</u>
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(i) For hospitals--~~per-occupied-bed~~: ~~\$--148~~

<u>1. Per occupied bed</u>	<u>\$ 137</u>
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<u>2. Per 100 outpatient visits</u>	<u>\$ 6.75</u>
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(j) For nursing homes-- <del>per-occupied-bed</del> :	<del>\$---28</del>
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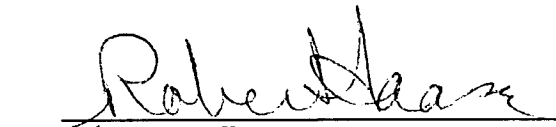
<u>1. Per occupied bed</u>	<u>\$ 26</u>
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SECTION 6. Ins 17.28 (7) (intro.) is amended to read:

Ins 17.28 (7) (intro.) ~~Beginning July 1, 1986, each~~ Each health care provider permanently practicing or operating in the state may have the option to pay the assessment in a single lump sum, two semiannual payments, or four quarterly payments. This subsection implements s. 655.27 (3) (b), Stats.

This rule shall be effective on July 1, 1987.

Dated at Madison, Wisconsin, this 27<sup>th</sup> day of May, 1987.

  
Robert D. Haase  
Commissioner of Insurance



**The State of Wisconsin**  
**Office of the Commissioner of Insurance**

**Robert D. Haase**  
**Commissioner**  
**(608) 266-3585**

DATE: May 29, 1987  
TO: Gary Poulson  
FROM: Mary Grossman, Director  
Office of Policy Analysis  
SUBJECT: Ins 17.28 Clearinghouse No. 87-29

Enclosed are two copies of an Order of the Commissioner of Insurance amending and creating a rule relating to health care provider fees and payment of mediation fund fees for the Patients Compensation Fund.

MG:LH:imk  
Enclosure  
7972K-2

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