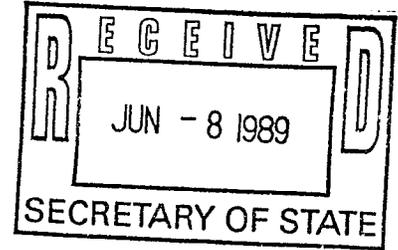


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STATE OF WISCONSIN)
OFFICE OF THE COMMISSIONER OF INSURANCE)

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 a rule was issued by this Office on June 8, 1989.

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 8th day of June, 1989.


Robert D. Haase
Commissioner of Insurance

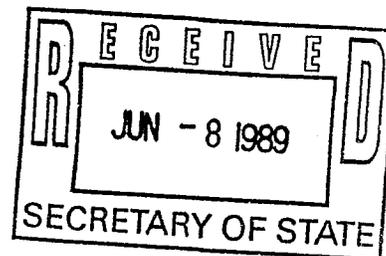
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ORDER OF THE COMMISSIONER OF INSURANCE

REPEALING; RENUMBERING AND AMENDING; AMENDING;

REPEALING AND RECREATING; AND CREATING A RULE

To repeal Ins 17.28 (4) (c) 1. b; to renumber and amend Ins 17.28 (6) (k); to amend Ins 17.28 (4) (c) 2 and 3 and (6) (intro.), (a) to (j), (1) (intro.), (m) 1, (n) and (o); to repeal and recreate Ins 17.28 (6) (1) 1 and 2; and to create Ins 17.28 (4) (c) 4 and (6) (k) 1 to 3, (1) 3 and (1m), relating to health care provider fees for the patients compensation fund and fee refunds.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: ss. 601.41 (3) and 655.004, Stats.

Statute interpreted: s. 655.27 (3) (b) and (br), Stats.

This rule establishes, for fiscal year 1989-90, the fees for health care providers covered by the patients compensation fund. The rule increases the fees for most health care providers by 11% over the 1988-89 fees. This increase is less than the maximum increase permitted by statute. The rule also establishes a graduated scale of fees for corporations and partnerships based on the number of shareholders or partners and additional health care provider employes. Currently, these entities are charged a flat rate, regardless of size.

This rule also permits the fund, after it receives notice of a health care provider's death, to issue a refund of up to the total amount of the last

annual fee paid by the provider. The current rule, which applies on and after July 1, 1989, allows the fund to issue a full refund to a provider's estate only if it receives notice within 45 days after the date of the provider's death. These provisions relating to refunds to a provider's estate amend s. Ins 17.28 (4) (c), as affected by legislative council clearinghouse rule 88-159.

SECTION 1. Ins 17.28 (4) (c) 1. b is repealed.

SECTION 2. Ins 17.28 (4) (c) 2 and 3 are amended to read:

Ins 17.28 (4) (c) 2. If a provider that ~~dies-or~~ temporarily or permanently ceases practice or operation is in compliance with sub. (7) (b), but none of the conditions described in subd. 1 exists, the fund shall issue a refund equal to one twenty-fourth of the provider's fee for each full semimonthly period from the date the fund receives notice of the ~~death-or~~ cessation of practice or operation, plus a retroactive refund equal to no more than 3 twenty-fourths of the provider's annual fee.

3. If a provider that ~~dies-or~~ temporarily or permanently ceases practice or operation is not in compliance with sub. (7) (b), the fund shall reduce the provider's arrearage for the remainder of the fiscal year by any amount that would be due as a refund under subd. 1 or 2 if the provider were in compliance with sub. (7) (b).

SECTION 3. Ins 17.28 (4) (c) 4 is created to read:

Ins 17.28 (4) (c) 4. If a provider who was in compliance with sub. (7) (b) dies, the fund, upon receipt of notice of the death, shall issue a refund equal to one twenty-fourth of the provider's annual fee for each full semimonthly period from the date of death to the date the next payment would

have been due, except that no refund under this subdivision may exceed the total amount of the most recent annual fee paid by the provider.

SECTION 4. Ins 17.28 (6) (intro.) and (a) to (j) are amended to read:

In 17.28 (6) FEE SCHEDULE. (intro.) The following fee schedule shall be effective from July 1, ~~1988~~ 1989, to June 30, ~~1989~~ 1990:

(a) For physicians and surgeons:

| | | | | | |
|---------|---------------------|----------------|---------|---------------------|-----------------|
| Class 1 | \$-2,316 | <u>\$2,571</u> | Class 3 | \$11,580 | <u>\$12,854</u> |
| Class 2 | --4,632 | <u>5,142</u> | Class 4 | -13,896 | <u>15,425</u> |

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

| | | | | | |
|---------|---------------------|-----------------|---------|---------------------|-----------------|
| Class 1 | \$-1,390 | <u>\$ 1,543</u> | Class 3 | \$-6,950 | <u>\$ 7,715</u> |
| Class 2 | --2,780 | <u>3,086</u> | Class 4 | --8,340 | <u>9,258</u> |

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

| | | |
|-------------|--------------------|-----------------|
| All classes | \$1,390 | <u>\$ 1,543</u> |
|-------------|--------------------|-----------------|

(d) For Medical College of Wisconsin full time faculty:

| | | | | | |
|---------|--------------------|-----------------|---------|---------------------|-----------------|
| Class 1 | \$--926 | <u>\$ 1,028</u> | Class 3 | \$-4,630 | <u>\$ 5,140</u> |
| Class 2 | --1,852 | <u>2,056</u> | Class 4 | --5,556 | <u>6,168</u> |

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

| | | | | | |
|---------|---------------------|-----------------|---------|---------------------|-----------------|
| Class 1 | \$-1,158 | <u>\$ 1,286</u> | Class 3 | \$-5,790 | <u>\$ 6,427</u> |
| Class 2 | --2,316 | <u>2,572</u> | Class 4 | --6,948 | <u>7,716</u> |

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

| | | | | | |
|---------|---------------------|-----------------|---------|---------------------|-----------------|
| Class 1 | \$-1,737 | <u>\$ 1,928</u> | Class 3 | \$-8,685 | <u>\$ 9,640</u> |
| Class 2 | --3,474 | <u>3,856</u> | Class 4 | -10,422 | <u>11,568</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:

| | | |
|--|-----------------------|-----------------|
| | \$1,390.00 | <u>\$ 1,543</u> |
|--|-----------------------|-----------------|

(h) For nurse anesthetists:

| | | |
|--|----------------------|---------------|
| | \$-620.00 | <u>\$ 688</u> |
|--|----------------------|---------------|

(i) For hospitals ~~other than ambulatory surgery centers~~:

1. Per occupied bed ~~\$152.00~~ \$169; plus

SECTION 9. Ins 17.28 (6) (1) 3 and (lm) are created to read:

Ins 17.28 (6) (1) 3. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100 \$2,500.00

(lm) For corporations organized under ch. 181, Stats.:

1. If the total number of employed physicians and nurse anesthetists is from 1 to 10 \$100.00

2. If the total number of employed physicians and nurse anesthetists is from 11 to 100 \$1,000.00

3. If the total number of employed physicians and nurse anesthetists exceeds 100 \$2,500.00

SECTION 10. Ins 17.28 (6) (m) 1, (n) and (o) are amended to read:

Ins 17.28 (6) (m) 1. Per 100 outpatient visits during the last calendar year for which totals are available ~~\$0.19~~ \$0.21; plus

(n) For ambulatory surgery centers:

Per 100 outpatient visits during the last calendar year for which totals are available ~~\$---38.00~~ \$ 42.00

(o) For an entity owned or controlled by a hospital or hospitals: \$100 or 28.6% of the amount that is or would be paid to the plan for primary liability coverage for the specific type of entity, whichever is greater.

EFFECTIVE DATE: This rule takes effect the first day of the month commencing after publication, as provided in s. 227.22 (2) (intro.), Stats.

Dated at Madison, Wisconsin, this 8th day of June, 1989.



Robert D. Haase
Commissioner of Insurance

Attachment

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06/08/89