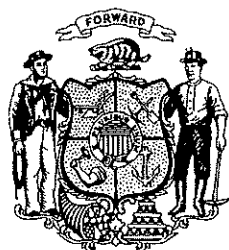


State of Wisconsin

SENATE CHAIR
Howard Marklein

316 East, State Capitol
P.O. Box 7882
Madison, WI 53707-7882
Phone: (608) 266-0703



ASSEMBLY CHAIR
Mark Born

308 East, State Capitol
P.O. Box 8592
Madison, WI 53708-8953
Phone: (608) 266-2540

Joint Committee on Finance

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Howard Marklein
Representative Mark Born

Date: March 20, 2023

Re: 14-Day Passive Review Approval – OCI

Pursuant to s. 655.27(3)(bt), Stats., attached is a 14-day passive review request from the Commissioner of Insurance, received on March 20, 2023.

Please review the material and notify **Senator Marklein** or **Representative Born** no later than **Thursday, April 6, 2023**, if you have any concerns about the request or if you would like the Committee to meet formally to consider it.

Also, please contact us if you need further information.

Attachments

HM:MB:jm



MAR 20 2023
St. Finance

Tony Evers, Governor of Wisconsin
Nathan Houdek, Commissioner of Insurance

March 20th, 2023

THE HONORABLE HOWARD MARKLEIN THE STATE SENATE
CO-CHAIR, JOINT COMMITTEE ON FINANCE
316 E. STATE CAPITOL
MADISON, WI 53707

THE HONORABLE MARK BORN THE STATE ASSEMBLY
CO-CHAIR, JOINT COMMITTEE ON FINANCE
308 E. STATE CAPITOL
MADISON, WI 53708

Re: Report of the Injured Patients and Families Compensation Fund Annual Fund Fee and Medical Mediation Panel Fee Changes for Fiscal Year 2024 Beginning July 1, 2023.

Dear Senator Marklein and Representative Born:

Please allow this letter to serve as the Office of the Commissioner of Insurance (Office) report to the Joint Committee on Finance regarding the Injured Patients and Families Compensation Fund (Fund) annual Fund fees and medical mediation panel (Panel) fees in accordance with Wis. Stat. § 655.27 (3) (bt). The Fund was established by, and is operated under Wis. Stat. Ch. 655. Pursuant to Wis. Stat. § 655.27 (3) (b), the Commissioner, after approval by the Fund Board of Governors, shall set the Fund fees annually and by Wis. Stat. § 655.61, shall set the Panel fees at a level sufficient to provide the necessary revenue to fund the medical mediation panels. The fees become effective following submission to and review by the Joint Committee on Finance and in accordance with 2015 Wis. Act 90.

Fund Fees:

For the fiscal year 2024, beginning July 1, 2023 the Commissioner is requesting no change to Fund fees that participating health care providers must pay to the Fund. The Board approved this at its meeting on December 21st, 2022.

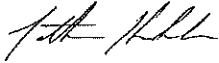
Mediation Panel Fees:

The Board is required to set the annual fees for the operation of the medical mediation panel and submit the fees to the Joint Committee on Finance in accordance with Wis. Stat. § 655.27 (3) (bt), based on the recommendation of the Director of State Courts. The Director of State Courts submitted its fiscal year 2024 request on December 13th, 2022 for \$180,500. The Commissioner is setting the 2024 fiscal year Panel fees in accordance with the Board approval from the March 15th, 2023 meeting at \$5.00 for physicians, and \$1.00 per occupied bed for hospitals. This represents a decrease of \$4.75 per physician, and a decrease of \$1.25 per occupied bed for hospitals from the prior year panel fees.

The Fund and Panel fees, once reviewed by the Joint Committee on Finance, will be published to the Office of the Commissioner's and Injured Patients and Families Compensation Fund's website in accordance with Wis. Stat. § 655.27 (3) (bt), and will request the Director of State Courts to also post the rates on it's website.

Please do not hesitate to contact our Office if you have further questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Houdek', written in a cursive style.

Nathan Houdek
Commissioner

Encl: IPFCF FY24 Fees and Rates

Cc: Brynn Bruijn-Hansen, IPFCF Manager

ATTACHMENT 1

1. Medical Mediation Panel Fee Schedule: The following fee schedule shall be effective July 1, 2023:

(a) For physicians-- \$5.00

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

2. Fund Fee Schedule: The following fee schedule is in effect from July 1, 2023 through June 30, 2024:

(a) Except as provided in INS 17.28 (6) (b) to (f) and sub. (6e), for a physician for whom this state is a principal place of practice:

Class 1.... \$382	Class 3.... \$1,528
Class 2.... \$688	Class 4.... \$2,521

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

Class 1.... \$191	Class 3.... \$764
Class 2.... \$344	Class 4.... \$1,261

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

All classes..... \$229

(d) For a Medical College of Wisconsin, Inc., full-time faculty member:

Class 1.... \$152	Class 3.... \$608
Class 2.... \$274	Class 4.... \$1,003

(e) For physicians who practice part-time:

1. 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:..... \$95

2. For a physician who practices 1,040 hours or less during the fiscal year, including those who practice fewer than 500 hours during the fiscal year whose practice is not limited to office practice, nursing homes or house calls or who do practice obstetrics, surgery or assist in surgical procedures:

Class 1.... \$229	Class 3.... \$916
Class 2.... \$412	Class 4.... \$1,511

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

Class 1.... \$191	Class 3.... \$764
Class 2.... \$344	Class 4.... \$1,261

(g) For a nurse anesthetist for whom this state is a principal place of practice: \$94

(h) For a nurse anesthetist for whom this state is not a principal place of practice \$48

(i) For a hospital, all of the following fees:

- 1. Per occupied bed..... \$22.50
- 2. Per 100 outpatient visits during the last calendar year for which totals are available: \$1.15

(j) For a nursing home, as described under s. 655.002 (1) (j), Stats., that is wholly owned and operated by a hospital and that has health care liability insurance separate from that of the hospital by which it is owned and operated:

Per occupied bed..... \$4.50

(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..... \$14
- b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100..... \$131
- c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100..... \$329

2. The following fee for each full-time equivalent allied health care professional employed by the partnership as of the most recent completed survey submitted:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners	\$ 95
Nurse Midwives	839
Advanced Nurse Midwives	878
Advanced Practice Nurse Prescribers	133
Chiropractors	152
Dentists	77
Oral Surgeons	572
Physician Assistants	77

(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 from 2 to 10..... \$14
- b. If the total number of shareholders and employed physicians and nurse anesthetists from 11 to 100..... \$131

c. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100..... \$329

2. The following fee for each full-time equivalent allied health care professional employed by the corporation as of the most recent completed survey submitted:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners	\$ 95
Advanced Nurse Practitioners	133
Nurse Midwives	839
Advanced Nurse Midwives	878
Advanced Practice Nurse Prescribers	133
Chiropractors	152
Dentists	77
Oral Surgeons	572
Podiatrists-Surgical	1,623
Optometrists	77
Physician Assistants	77

(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: \$14
- b. If the total number of employed physicians and nurse anesthetists is from 11 to 100: \$131
- c. If the total number of employed physicians or nurse anesthetists exceeds 100: \$329

2. The following fee for each full-time equivalent allied health care professional employed by the corporation as of the most recent completed survey submitted:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners	\$ 95
Advanced Nurse Practitioners	133
Nurse Midwives	839
Advanced Nurse Midwives	878
Advanced Practice Nurse Prescribers	133
Chiropractors	152
Dentists	77
Oral Surgeons	572
Podiatrists-Surgical	1,623
Optometrists	77
Physician Assistants	77

(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 \$0.05
2. 2.5% of the total annual fees assessed against all of the employed physicians.
3. The following fee for each full-time equivalent allied health care professional employed by the operational cooperative sickness plan as of the most recent completed survey submitted:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners	\$ 95
Nurse Midwives	839
Advanced Nurse Midwives	878
Advanced Practice Nurse Prescribers	133
Chiropractors	152
Dentists	77
Oral Surgeons	572
Podiatrists-Surgical	1,623
Optometrists	77
Physician Assistants	77

(o) For a freestanding ambulatory surgery center, as defined in DHS 120.03 (13), per 100 outpatient visits during the last calendar year for which totals are available \$5.94

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

1. 7.0% of the amount the entity pays as premium for its primary health care liability insurance, if it has occurrence coverage.
2. 10.0% of the amount the entity pays as premium for its primary health care liability insurance, if it has claims-made coverage.

(q) For an organization or enterprise not specified as a partnership or corporation that is organized and operated in this state 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: \$14
- b. If the total number of employed physicians and nurse anesthetists is from 11 to 100: \$131
- c. If the total number of employed physicians or nurse anesthetists exceeds 100: \$329
2. The following for each full-time equivalent allied health care professional employed by the organization or enterprise not specified as a partnership, corporation, or an operational cooperative health care plan as of the most recent completed survey submitted:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners	\$ 95
Advanced Nurse Practitioners	133
Nurse Midwives	839
Advanced Nurse Midwives	878
Advanced Practice Nurse Prescribers	133
Chiropractors	152
Dentists	77
Oral Surgeons	572
Podiatrists-Surgical	1,623
Optometrists	77
Physician Assistants	77