State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Tommy G. Thompson
Governor

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Commissioner

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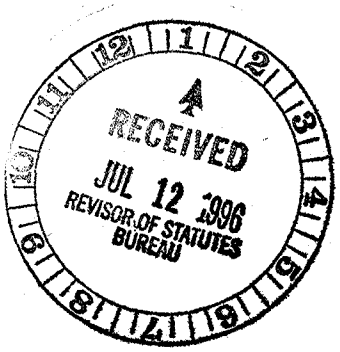
STATE OF WISCONSIN)
) SS
OFFICE OF THE COMMISSIONER OF INSURANCE)

I, Randy Blumer, Deputy Commissioner of Insurance and custodian of the official records, certify that the annexed rule affecting Section Ins 17.01 (3), 17.28 (6) and 17.26 (4) (a), Wis. Adm. Code, relating to annual patients compensation fund and mediation fund fees for 1996-97, is duly approved and adopted by this Office on July 11, 1996.

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 July 11, 1996.

Randy Blumer
Deputy Commissioner of Insurance



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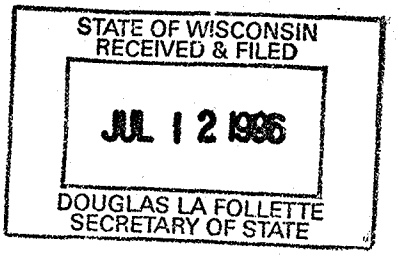

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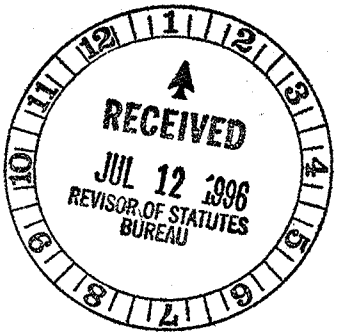

ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE

AND THE BOARD OF GOVERNORS OF THE PATIENTS COMPENSATION FUND

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 amend ss. Ins 17.01 (3) (intro.); to repeal and recreate s. Ins 17.28 (6); and to amend s. Ins 17.26 (4) (a), relating to annual patients compensation fund and mediation fund fees for the fiscal year beginning July 1, 1996, future medical expense attachment point changing from $25,000 to $100,000.

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 655.015, 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 [illegible]

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year beginning July 1, 1996. These fees represent an overall 10% increase over the fees paid for the current fiscal year. The board approved this increase at its meeting on February 21, 1996, 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 director's funding level recommendation by establishing mediation panel fees for the next fiscal year at $38.00 for physicians and $3.00 per occupied bed for hospitals, the same as current year fees.

This rule also makes a technical edit in s. Ins 17.26 required by 1995 Wisconsin Act 10 which pertains to administration of future medical expenses. Act 10 requires fund administration of future medical expenses commencing at the $100,000 level instead of the previous $25,000 level.

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

Ins 17.01 (3) FEE SCHEDULE. (intro.) The following fee schedule shall be effective July 1, ~~1995~~ 1996.

SECTION 2. Ins 17.26 (4) (a) is amended to read:

Ins 17.26 Payments for future medical expenses. (4) ADMINISTRATION. (a) If a settlement~~, panel award~~ or judgment is subject to s. 655.015, Stats., the insurer or other person responsible for payment shall, within 30 days after the date of the settlement~~, panel award~~ or judgment, pay the fund the amount in excess of ~~$25,000~~ $100,000 and shall provide the fund with an executed copy of the document setting forth the terms under which payments for medical expenses are to be made.

SECTION 3. 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, 1996, to June 30, 1997:

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

Class 1	$3,215	Class 3	$13,825
Class 2	$6,430	Class 4	$19,290

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

Class 1	$1,608	Class 3	$6,914
Class 2	$3,216	Class 4	$9,648

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

All classes	$1,929

(d) For a medical college of Wisconsin, inc., full-time faculty member:

Class 1	$1,286	Class 3	$5,530
Class 2	$2,572	Class 4	$7,716

(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:

$804

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

Class 1	$1,608	Class 3	$6,914
Class 2	$3,216	Class 4	$9,648

(g) For a nurse anesthetist for whom this state is a principal place of practice: $824

(h) For a nurse anesthetist for whom this state is not a principal place of practice: $412

(i) For a hospital:

1. Per occupied bed $203; plus

2. Per 100 outpatient visits during the last calendar year for which totals are available $10.17

(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 $38

(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, whichever of the following is applicable:

1. If the total number of partners and employed physicians and nurse anesthetists is from 2 to 10 $115

2. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100 $1,150

3. If the total number of partners and employed physicians and nurse anesthetists exceeds 100 $2,876

(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, whichever of the following is applicable:

1. If the total number of shareholders and employed physicians and nurse anesthetists is from 2 to 10 $115

2. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100 $1,150

3. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100 $2,876

(m) For a corporation organized under ch. 181, Stats., for the primary purpose of providing the medical services of physicians or nurse anesthetists, whichever of the following is applicable:

1. If the total number of employed physicians and nurse anesthetists is from 1 to 10 $115

2. If the total number of employed physicians and nurse anesthetists is from 11 to 100 $1,150

3. If the total number of employed physicians or nurse anesthetists exceeds 100 $2,876

(n) For an operational cooperative sickness care plan:

1. Per 100 outpatient visits during the last calendar year for which totals are available $0.25; plus

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

(o) For a freestanding ambulatory surgery center, as defined in s. Ins 120.03 (10):

Per 100 outpatient visits during the last calendar year for which totals are available $49

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

1. 15% of the amount the entity pays as premium for its primary health care liability insurance, if it has occurrence coverage.

2. 20% of the amount the entity pays as premium for its primary health care liability insurance, if it has claims-made coverage.

SECTION 4. INITIAL APPLICABILITY. This rule first applies on July 1, 1996.

SECTION 5. EFFECTIVE DATE. This rule will take effect on the first day of the first month after publication, as provided in s. 227.22 (2) (intro), Stats.

Dated at Madison, Wisconsin, this 11th day of July 1996.

Randy Blumer
Deputy Commissioner of Insurance