

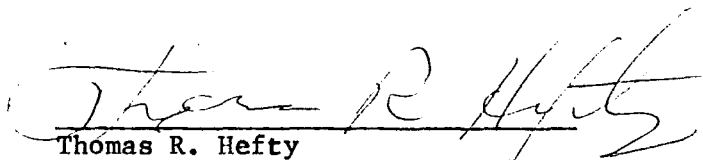
STATE OF WISCONSIN )  
 ) ss  
OFFICE OF THE COMMISSIONER OF INSURANCE)

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Thomas R. Hefty, Deputy Commissioner of Insurance and custodian of the official records of said office, do hereby certify that the annexed order adopting a rule relating to fees for health care providers covered by the Patients Compensation Fund was issued by this office May 30, 1980.

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 30th day of May, 1980.

  
Thomas R. Hefty  
Deputy Commissioner of Insurance

*Rec'd eff. date 7-1-80*

ORDER OF THE COMMISSIONER OF INSURANCE

ADOPTING A RULE

Relating to fees for health care providers covered by the Patients Compensation Fund.

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ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

The purpose of this rule is to implement and interpret the provisions of section 655.27 (3), Stats., which authorizes the commissioner of insurance to set operating fees to be paid by health care providers for participation in the Patients Compensation Fund after the approval of the fees by the board of governors of the Fund. Health care providers are those defined in s. 655.001 (8), Stats. Various terms used in the rule are defined in subsection (3). Provision is made in subsection (4) for pro rata fees. Subsection (5) sets the effective date and expiration date of fee schedules as July 1 of the current year and June 30 of the subsequent year. Subsection (6) lists the fee schedules to be effective from July 1, 1980 to June 30, 1981 for the health care providers listed.

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Pursuant to the authority vested in the commissioner of insurance by sections 601.41 (3) and 655.27, Stats., the commissioner of insurance hereby adopts a rule implementing and interpreting section 655.27, Stats., as follows:

Section Ins 17.28 is adopted to read:

Ins 17.28 Health care provider fees. (s. 655.27) (1) Purpose. The purpose of this section is to implement and interpret the provisions of s. 655.27 (3), Stats., relating to fees to be paid by health care providers for participation in the Patients Compensation Fund.

(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, Stats.

(3) Definitions. (a) "Fiscal year" means each period beginning each July 1 and ending each June 30.

(b) "Fees", "operating fees" or "annual fees" means those fees charged for each fiscal year of participation, July 1 to June 30.

(c) "Class" of physicians or surgeons means those classes currently in use by the Wisconsin Health Care Liability Insurance Plan, as authorized by section Ins 17.25 (12) (b), Wis. Adm. Code.

(4) Pro rata fees. A health care provider may enter or exit the Fund at a date other than July 1 or June 30. (a) If a health care provider enters the Fund subsequent to July 1, the provider shall be charged a fee of one-twelfth the annual fee for that class of provider for each month or part of month between the date of entry and the next June 30.

(b) Notwithstanding the provisions of paragraph (a) no fee shall be charged for entry to the Fund after each June 1.

(c) If a health care provider exits the Fund prior to June 30, the provider shall be entitled to a refund of one-twelfth the annual fee for that class for each full month between the date of exit and the next June 30.

(d) The effective date of the proof of financial responsibility required under s. 655.23 (2), Stats., as it applies to each individual health care provider, shall determine the date of entry to the Fund. The cancellation or withdrawal of such proof shall establish the date of exit.

(5) Effective date and expiration date of fee schedules. The effective date of the fee schedule contained in this section shall be the current July 1 and shall expire the next subsequent June 30.

(6) Fee schedule. The following fee schedule shall be effective from July 1, 1980 to June 30, 1981.

(a) For physicians and surgeons

Class 1	\$ 194.00
Class 2	350.00
Class 3	600.00
Class 4	798.00
Class 5	1000.00
Class 6	1200.00
Class 7	1600.00
Class 8	98.00

(b) For resident physicians and surgeons (or fellowships)

Class 1	\$ 116.00
Class 2	210.00
Class 3	360.00
Class 4	478.00
Class 5	600.00
Class 6	726.00
Class 7	960.00

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

All classes	\$ 150.00
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(d) For Medical College of Wisconsin full time faculty

Class 1	\$ 80.00
Class 2	144.00
Class 3	246.00
Class 4	326.00
Class 5	410.00
Class 6	492.00
Class 7	656.00

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

The fee shall be \$25,136. The fee may be adjusted based on the final audit as of June 30, 1980, of the actual risk exposures by the primary carrier. The adjusted fee shall equal 20% of the final audited premium of the primary carrier for Medical College of Wisconsin residents.

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

Class 1	\$ 145.00
Class 2	262.00
Class 3	450.00
Class 4	598.00
Class 5	750.00
Class 6	900.00
Class 7	1200.00
Class 8	73.00

(g) For retired or part time physicians and surgeons (office practice only, less than 500 hours per annum)

Class 1	\$116.00
Class 8	58.00

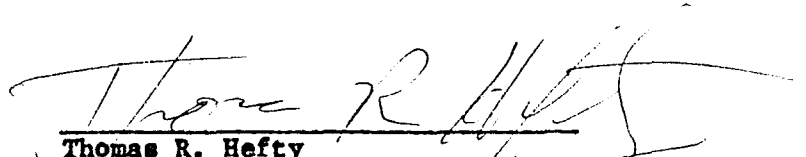
(h) For nurse anesthetists \$ 50.00

(i) For podiatrists (non surgical) \$152.00  
For podiatrists (surgical) 305.00

(j) For hospitals - per occupied bed \$ 84.00

(k) For nursing homes - per occupied bed \$ 29.00

Dated at Madison, Wisconsin, this 30th day of May, 1980.

  
Thomas R. Hefty  
Deputy Commissioner of Insurance