

## DEPARTMENT OF INSURANCE

December 6, 2006

## Bulletin 143

## Patient's Compensation Fund – Surcharge Rates for Hospitals and Physicians

This bulletin is directed to all health care providers electing to be qualified under Indiana's Medical Malpractice Act ([IC 34-18-1-1](#) et seq.) and to insurers that provide coverage to those health care providers. This bulletin will replace Bulletin 134.

Pursuant to [IC 34-18-5-2](#), the Commissioner of the Department of Insurance in his capacity as administrator of the Patient's Compensation Fund hereby notifies physicians and hospitals of the following surcharge for qualification under the Medical Malpractice Act. The rates are effective for coverage beginning **March 1, 2007**.

## PHYSICIANS

The percentage increase to the physician rates is the same for each specialty class. A complete list of physician specialty class codes is published at [760 IAC 1-60](#).

CLASS	ANNUAL RATE
0	\$2,997
1	3,996
2	5,595
3	7,194
4	8,992
5	11,989
6	17,984
7	27,975
8	33,969

## HOSPITALS

The surcharge for a hospital is calculated using the attached worksheet. The completed worksheet shall be submitted to the Department along with the surcharge payment.

## INDIANA DEPARTMENT OF INSURANCE

James Atterholt, Commissioner

## HOSPITAL EXPOSURE WORKSHEET FOR SURCHARGE CALCULATION

Name of Hospital: \_\_\_\_\_

License No: \_\_\_\_\_

Attach lists of the following:

- (1) All facilities and/or services operated under the hospital license, as identified on the Department of Health Application for License to Operate a Hospital;
- (2) All assumed business names used by the hospital;
- (3) All employed physicians included in this coverage along with their specialty class code and surcharge computation;

Any entity, person or activity not identified in this surcharge worksheet may not be included in the hospital's coverage with the Patient's Compensation Fund.

CATEGORY	EXPOSURE	MANUAL	TOTAL
Provide # of Beds			Category x Manual=Total
	Hospital (Acute care and Intensive Care)	916	
	Mental Health/Rehabilitation	458	

	Extended Care/Intermediate Care/Residential	46	
	Nursing Home/Critical Extended Care	458	
	Health Institution/Assisted Living/Other	183	
	Bassinets	916	
# of Visits (in 100s)			
	Emergency Room	91.61	
	Clinics/Others	45.81	
	Mental Health/Rehabilitation	22.90	
	Health Institution	18.32	
	Home Health Care	45.81	
Provide # of Surgeries/Births (in 100s)			
	Births	3,664.47	
	Outpatient Surgeries	91.61	
	Inpatient Surgeries	1,832.23	
Employed* Physicians Sharing Limits	100% of Specialty Code		
		<b>SUB-TOTAL</b>	
	Lack of Risk Management Program	10% Penalty x sub-total	
	Hospital with > 500 beds	3% multiplier of subtotal	
		<b>TOTAL DUE</b>	

**Definitions:**

Hospital bed - licensed hospital beds usually on a short term basis for patients who are need of acute medical treatment and skilled nursing care 24 hours a day (Intensive diagnostic and invasive treatment for acute illness).

Mental Health/ Mental and Physical Acute Rehab bed - Care, diagnosis, and treatment for acute psychiatric, emotionally challenged, and physical handicapped patients needing 24 hour supervision, assistance and treatment.

Extended Care/ Intermediate/ Residential bed- non-acute occasional incidental medical and emergency assistance to residents living independently in retirement apartments and communities. Facilities provided with security and emergency call boxes.

Nursing Home/Critical Extended Care bed - A step-down from acute medical care for patients still needing 24 hour nursing care usually for an extended or long term basis. Skilled care services needed such as medication administration, tube feeding, injections, catherizations [*sic.*, *catheterizations*] and other procedures ordered by a physician.

Health Institution/ Assisted Living/Other bed - Sub-acute minor health care and related personal services to assist residents on an ongoing and regular basis. Minor nursing care and assistance in such activities as laundry, meal preparations, bathing, social functions.

\*Employed physician - A physician is considered an employee for PCF purposes if the hospital withholds and pays Social Security and Medicare taxes and pays unemployment tax on wages paid to the employee. If a physician is treated as an independent contractor for tax purposes then he/she can not be considered an employee for PCF purposes.

Posted: 01/03/2007 by Legislative Services Agency  
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