STATE OF INDIANA

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Indiana Patient's Compensation Fund
Instructions for Self-Insured Hospitals

Per 760 IAC 1-21-5(6), a self-insured hospital or psychiatric hospital may obtain only occurrence coverage. Claims made coverage is not available.

The Department recommends that self-insured hospitals and hospitals wishing to self-insure submit the following information sixty (60) days prior to the renewal date of coverage to allow the Department sufficient time to review the financial condition of the hospital per IC 34-18-4-1(3) and 760 IAC 1-21-5.

New Submissions:

1. The most recent audited financial statement, including a break-out for the hospital(s) if submitting a consolidated statement. If this is newly acquired facility, provide the most recent audited financial statement for the facility prior to being acquired.
2. A current balance sheet.
3. A copy of the most recent license issued by the Department of Health pursuant to IC 16-21-2.
4. A written agreement:
    a. To pay any final judgment or agreed settlement arising from claims of malpractice subject to the limits on liability set forth in IC 34-18-4-1(1)(A)(i) and IC 34-18-4-1(1)(A)(ii);
    b. To establish and maintain a claims management and risk management program per 760 IAC 1-21-5; and
    c. That if the hospital or psychiatric hospital:
        i. discontinues operation; or
        ii. decides to purchase insurance to establish financial responsibility under IC 34-18 et seq.;

    the hospital or psychiatric hospital will continue to be liable in the amounts set forth in subdivision (a) until liability ceases to exist.

Renewal Submissions:

1. The most recent audited financial statement, including a break-out for the hospital(s) if submitting a consolidated statement. If this is newly acquired facility, then provide the most recent audited financial statement for the facility prior to being acquired.
2. A current balance sheet.
3. A copy of the most recent license issued by the Department of Health pursuant to IC 16-21-2.

Once the Department has completed its review, the hospital will be advised whether it may participate in the Indiana Patient's Compensation Fund (PCF) on a self-insured basis. NOTE: If the Department determines that a hospital cannot participate on a self-insured basis, notification will be sent advising the hospital and setting a deadline to procure insurance through an admitted or authorized carrier.

If approved, the Department will add the facility to the PCF database and the hospital will need to proceed as follows:

1. Within thirty (30) days of the effective date of the policy, the hospital will need to remit the certificate and surcharge payment to the Department via the online filing portal at https://secure.in.gov/Apps/idoi/certificates/.
    a. Be sure to use the current license number, as the prefix for most license hospital numbers is changed with each license renewal; current license numbers are available at https://www.in.gov/isdh/reports/QAMIS/hosdir/wdirhos.htm.
    b. ISDH bed counts are available at https://www.in.gov/isdh/reports/QAMIS/hosdir/wdirhos.htm.
    c. All hospital filings are automatically set to pending status while the PCF reviews the certificate.
    d. Once the filing has been approved by the PCF, the email address on file will receive a message confirming that the certificate is available for payment.
    e. The certificate is not considered to be filed with the PCF until payment has been made.
    f. Please note that filings not paid within 10 days of entry will be unavailable for payment and the certificate will need to be refiled.
2. Once the certificate and surcharge payment have been received, a confirmation letter of participation may be printed by accessing the database at www.in.gov/idoi/pcf and searching by provider name or license number.

Please direct any questions to PCF-COI@idoi.IN.gov.

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