

PATIENT COMPENSATION FUNDS - BY STATE FOR LOCUM TENENS

	KANSAS	PENNSYLVANIA	WISCONSIN	INDIANA	LOUISIANA	NEBRASKA	NEW MEXICO	SOUTH CAROLINA
Type	Mandatory Fund	Mandatory Fund	Mandatory Fund	Voluntary Fund	Voluntary Fund	Voluntary Fund	Voluntary Fund	Voluntary Fund
Definition of Mandatory	Mandatory Fund. Mandatory for healthcare providers that reside in Kansas, or that reside elsewhere and are performin work in Kansas.	Mandatory Fund. Healthcare Providers who conduct 50% of their practice in Pennsylvania must enroll. Those who conduct less than 50% can choose to participate, but are not required.	Mandatory Fund. All healthcare providers unless they work less than 240 hours per year in wisconsin, derive 50% or less of their practice income outside Wisconsin, see less than 50% of their patients in Wisconsin, are licenses in Wisconsin, but have never practices in Wisconsin to date, or who are covered under Federal tort Claims Act or are employed entirely by a State, County or municipal facility. Hours/% of revenue/% of patients seen are from a 7/1-6/30 policy year.	N/A	N/A	N/A	N/A	N/A
Providers	Physicians, Chiropractors, Podiatrists, CRNA's, PA's, NMW	Physicians, Podiatrists, Nurse Midwives	Physicians, CRNA's, RNA's	Physicians, Ancillary, any Licensed Practitioner except Social Workers	Physicians, LPA's, Surgeon Assistants, NP's, Nurse Midwives, PT's, PT's, Psychologists, Anyone Licensed	Physicians, LPA's, SA's, NP's, CNM's, PT's, OT's, Psychologists, Nurse Anesthetists (anyone licensed).	Physicians, CRNS's, PA's, SA's	
Underlying Ins. Co. Limit	\$200k/\$600k	\$500k/\$1.5M	\$1M/\$3M	\$250k/\$750k	\$100/\$300	PhysiciansL \$500k/\$1M	Physicians: \$200k/\$600k	\$200k/\$600k
Fund Limits	\$100k/\$300k; \$300k/\$900k; \$800k/\$2.4M	\$500k/\$1.5M	Unlimited	\$1M	\$400k plus future medical care and related benefits	\$1.25M	\$400k plus medical care and related benefits.	\$1M per claim/\$3m annual agg; \$3m per claim/\$6m annual agg; \$5m per claim/\$7m annual agg; \$10m per claim/\$12m annual agg; or Unlimited
Statutory Cap on Damages	N/A	N/A	N/A	\$1.25M	\$500k plus future medical care and related beentifs	\$1.75M	\$600k plus medical care and related benefits.	N/A
# Days to make filing	Application must be submitted and approved prior to working	60 days from effective date	15 days following the end of the month in which coverage is effective using the electronic filing system.	30 days from effective date of coverage.	Broker must have by effective date and submit to carrier within 30 days from effective date.	Within 30 days of effective date	Within 30 days after the premiums for malpractice liability insurance have been received by the insurer from the healthcare provider.	Must be received by the effective date of coverage
Surcharge	flat rates based on healthcare provider's class and selected limit	Calculate the rate by using the specialty class of the locum physician utilizing FTE's.	The Fund will bill accounts for partial year practice in two-week increments, days 1-14 and days 15-end of month. Any day in a half-month constitutes one-half of practice for billing purposes. Fees are assessed at one-half the full time rate for out-of-state providers. Two weeok minimum	Annual filing, or; filing for term of contract plus tail filing based on specialty rate. All subject to \$100 minimum premium per filing plus \$100 to include tail. # Days in placement times Annual Rate/365. We can also use a start date and end date, but apply the actual number of working days. If provider exceeds number of days, we are allowed to amend filing and pay additional amount.	Charge is prorated based on class/specialty of physician and number of days worked. Subject to a \$250 minimum.	18% of primary premium	Based on classifications and rates published at: http://www.nmprc.state.nm.us/insurance/pdf/Bulletin2007-002.pdf	limited to 45 days of coverage
Special Note	Resident physicians of Kansas must purchase insurance from the admitted carier in Kansas (KAMMCO)	Healthcare providers who do not wish to participate must notify MCARE.	Must be insured though an admitted carrier in the state (WHIIP). Original application must be submitted and approved prior to working. Must report all placements to Wisconsin even if the physician is exempt. The state will send the physician the appropriate form and the physician can exempt himself then.	Statutory cap only applies to enrollees in the Fund. Anyone not enrolled is subject to unlimited liability.	Statutory cap only applies to enrolled in the Fund. Anyone not enrolled is subject to unlimited liability.	Statutory cap only applies to enrollees in the Fund. Anyone not enrolled is subject to unlimited liability. Nebraska has requirements for the physician to post notice that he/she is a Fund participant so the patient has the right to opt for another physician. Failure to post the sign conspicuously allows the patient to not be subject to the Fund participation.	Statutory cap only applied to enrollees in the Fund. Anyone not enrolled is subject to unlimited liability. Must be insured through an admitted carrier in the state of New Mexico. Occurrence Coverage Only	Application must be submitted and approved prior to working
Items Needed	If Resident, individual application. If non-resident; Physician name, specialty, KS License number, work location name/address and practice dates, date of KS initial license.	Physician name, specialty, PA License number, work location name/address and practice dates	Individual application	Physician name, specialty, IN License number, work location name/address and practice dates	Physician name, specialty, LA License number, work location name/address and practice dates		N/A unless separate policy is purchased	
State website	http://hcsf.org	http://oci.wi.gov.pcf.htm	http://www.in.gov/idoi/2385.htm	http://www.in.gov/idoi/2385.htm	http://www.lapcf.state.la.us	http://www.doi.ne.gov/medmal/index.htm	http://www.conwaygreene.com	http://www.sciaa.com