

COVID-19 – WI Response: Retired Physicians License & Liability Coverage



Wisconsin Department of Safety and Professional Services

Mail to: P.O. Box 8935 1400 E. Washington Avenue
Madison, WI 53708-8935 Madison, WI 53703
Fax: 608.261.7083 Email: dsps@wisconsin.gov
Phone: 608.266.2112 Website: <http://dsps.wi.gov>

Injured Patients and Families Compensation Fund Coverage

Insurers will file certificates with the Fund per the statutory requirement ch. 655.23(3)(b): <http://docs.legis.wisconsin.gov/statutes/statutes/655/III/23/3/b>. Certificates filed with the intent of verifying primary coverage compliant with ch. 655, Wis. Stats., specifically for Wisconsin practice during the health emergency will have a special requirement: the provider type must be 55. ISO code must be 99999.

How will the fund assess for special coverage?

Certificates filed with provider type 55/ISO code 99999 will generate a Fund assessment at a flat rate of \$100.00. The flat rate of \$100.00 will apply to Fund coverage for the period of the health emergency only.

- There will be no proration of Fund fees based upon the policy term of the certificate if it should be shorter than the health emergency period.
- No Fund coverage will be provided for any time before or after the health emergency period should the policy term of the certificate exceed the health emergency period.

Subsequent to filing, the Fund will bill the provider (or the employer if the provider account is affiliated) \$100.00 via a balance statement accompanied by an explanatory letter describing the condition of coverage (i.e., payment of \$100.00 will provide Fund coverage for the duration of the health emergency; if payment is not received Fund coverage will not be provided).

Who do I contact with questions?

If you have questions regarding this special coverage, please call 608.266.6830 or email ociipfcf@wisconsin.gov. Answers to questions and/or any further clarification will be sent to recipients of this notice.

WHCLIP Coverage for Retired Physicians

The WHCLIP applications can be sent to or you can contact:

Vicky Robinson: vrobenson@wausaumms.com

Char Koziel: ckoziel@wausaumms.com

WHCLIP Fax: 715.841.1697

WHCLIP can provide a health care liability insurance policy for one, two or three months.

1 month premium : \$250

2 months premium: \$500

3 months premium: \$750

Premium paid for these COVID-19 pandemic response policies is fully earned on the effective date of the coverage and no refund of premium will be made in the event the policy is canceled prior to the end of the policy's term.

Note: If a primary insurance carrier will not cover a doctor outside of their specialty, WHCLIP will provide this coverage as part of its COVID-19 emergency response.

As of 4/2/2020 ProAssurance and Medical Protective confirmed: If a retired physician does enter back into practice for COVID-19 crisis work, it will not jeopardize their coverage under their retiree tail.