

Instructions for Self-Insured Hospital Filings

New Submissions

The Department recommends that the following information be submitted ninety (90) days prior to the renewal date of coverage to allow sufficient time for the Department to determine the financial responsibility per IC 34-18-4-1(3):

1. Most recent audited financial statement, including a break-out for the hospital(s) if the statement is a consolidated statement.
2. Current balance sheet.
3. Most recent copy of application submitted to the Department of Health pursuant to IC 16-21-2 with copy of license issued.

Once the Department has made the determination of the hospital's financial responsibility, hospital will be advised as to whether it may or may not participate in the Indiana Patient's Compensation Fund (PCF) on a self-insured basis.

If approved the hospital will need to proceed as follows:

1. Contact the Indiana Residual Malpractice Insurance Authority (IRMIA) at (800) 836-5727 to obtain an application for preparation of a quote to determine the appropriate amount of surcharge to be paid to the PCF.
2. Within thirty (30) days of the date of the IRMIA quote, the hospital will need to remit to the Department a surcharge payment, copy of the IRMIA quote and the Department's [Certificate of Insurance form](#).
3. Once entered in the PCF database a confirmation letter of participation will be generated and mailed to the hospital.

Renewal Submission

The Department recommends that the following information be submitted sixty (60) days prior to the renewal date of coverage to allow sufficient time for the Department to determine the financial responsibility per IC 34-18-4-1(3):

1. Most recent audited financial statement, including a break-out for the hospital(s) if the statement is a consolidated statement.
2. Current balance sheet.
3. Most recent copy of application submitted to the Department of Health pursuant to IC 16-21-2 with copy of license issued.

In conjunction with submitting the above, the hospital will also need to proceed with the following:

1. Contact the Indiana Residual Malpractice Insurance Authority (IRMIA) at (800) 836-5727 to obtain an application for preparation of a quote to determine the appropriate amount of surcharge to be paid to the Indiana Patient's Compensation Fund (PCF).
2. Within thirty (30) days of the date of the IRMIA quote, the hospital will need to remit to the Department a surcharge payment, copy of IRMIA quote and the Department's [Certificate of Insurance form](#).
3. Once entered in the PCF database, a confirmation letter of participation will be generated and mailed to the hospital.

NOTE: If the Department determines that a hospital cannot continue 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.