

Kansas Health Care Stabilization Fund

Non-Resident Health Care Provider Certification Form

Instructions

Non-resident health care providers who have an active license to practice in Kansas are required by law to comply with the basic professional liability insurance requirements and also participate in the Health Care Stabilization Fund.

General Guidelines

1. It is the responsibility of the non-resident health care provider to comply with the Kansas Health Care Provider Insurance Availability Act. If you have been a resident health care provider, and you are now a non-resident health care provider, the compliance requirements will no longer be handled by your commercial insurance company. The certification form is available on the HCSF website, under the Forms tab. It can be downloaded, completed on a computer, and then be printed or scanned and sent to the HCSF office.
2. A Certificate of Insurance from the basic professional liability carrier is required for each Fund submission. Section 3 of the certification form requires the name of the insurance company and certain policy information. The insurance company listed in this section must be authorized (admitted) to do business in Kansas. If it is not an authorized (admitted) Kansas insurance company, then a non-admitted insurance company may be used if that non-admitted insurer has filed a Declaration of Compliance Form with the Kansas Health Care Stabilization Fund. The insurance agent or company representative should be able to assist in making these determinations, but if there is a question about the status of the basic coverage insurer in Kansas, you may wish to contact the HCSF office for assistance.
3. You should furnish your basic coverage insurance company with information regarding prior Kansas practice periods along with your current plans to practice in Kansas as a non-resident health care provider.
4. Professional liability insurance being provided to non-resident health care providers by a self-insurer will not meet the basic coverage requirements of the Kansas Health Care Provider Insurance Availability Act. It will be necessary to purchase basic coverage for the Kansas practice and pay the applicable surcharge to the Health Care Stabilization Fund.
5. The minimum surcharge payable per compliance period is \$200 for each health care provider.
6. There is an electronic compliance form available at www.hcsf.org that may be completed online and then be submitted directly to the Fund office. A digital image of a Certificate of Insurance can be submitted as an attachment to the electronic compliance form. In addition, the “KanPay” payment portal, which is hosted by Kansas.gov, allows online payment of HCSF surcharges. A link to the payment portal can be found at the HCSF website [Payment Portal | Kansas Health Care Stabilization Fund](#). In the event that a non-resident health care provider needs to expedite compliance, the electronic option may be the most expedient method available.

HEALTH CARE STABILIZATION FUND CLASSIFICATION GROUPS	
FUND CLASS GROUPS	CLASS GROUP DESCRIPTIONS – <i>Important Note: Non-resident health care providers insured by the Kansas Health Care Provider Insurance Availability Plan (Plan) will be processed into compliance by the Plan. Please refer to the table for additional information.</i>
1	Physicians-No Surgery - Includes: Allergy, Dermatology, Forensic Medicine, Legal Medicine, Pathology, Psychiatry (both adult and child), Psychoanalysis, Psychosomatic Medicine, Public Health.
2	Physicians-No Surgery - Includes: Aerospace Medicine, Cardiovascular Disease, Diabetes, Endocrinology, Family Practice, Gastroenterology, General Practice, General Preventive Medicine, Geriatrics, Gynecology, Hematology, Hypnosis, Infectious Diseases, Internal Medicine, Laryngology, Neoplastic Diseases, Nephrology, Neurology (including child), Nuclear Medicine, Nutrition, Occupational Medicine, Ophthalmology, Otolaryngology, Otorhinolaryngology, Pediatrics, Pharmacology, Physiatry, Physical Medicine & Rehabilitation, Pulmonary Diseases, Radiology, Rheumatology, Rhinology, Urgent Care Physicians or other Physicians who are not performing surgery and are not otherwise classified.
3	Physicians-Performing Minor Surgery or Assisting in Surgery - Includes: Cardiovascular Disease, Dermatology, Diabetes, Endocrinology, Family Practice (no OB procedures), Gastroenterology, General Practice, Geriatrics, Gynecology, Hematology, Infectious Diseases, Internal Medicine, Intensive Care Medicine, Invasive Procedures (as defined and classified by the basic coverage insurer), Laryngology, Neoplastic Diseases, Nephrology, Neurology (including child), Ophthalmology (including minor and major surgery), Otolaryngology, Otorhinolaryngology, Pathology, Pediatrics, Radiology, Rhinology, Shock Therapy or other Physicians who are performing minor surgery and are not otherwise classified.
4	Family Physicians or General Practitioners-Performing Minor Surgery or Assisting in Surgery - Includes obstetrical procedures, but not Cesarean Sections.
5	Surgical Specialists - Includes: Broncho-Esophagology, Colon and Rectal, Endocrinology, Gastroenterology, Geriatrics, Neoplastic, Nephrology, Urological, Family Physicians or General Practitioners performing Major Surgery.
6	Surgical Specialists - Includes: Emergency Medicine (no major surgery), Laryngology, Otolaryngology, Otorhinolaryngology, or Rhinology.
7	Specialists In Anesthesiology - Includes: Physicians or DDS certified by the Board of Healing Arts to administer anesthetics.
8	Surgical Specialists - Includes: Emergency Medicine (including major surgery), Abdominal, Bariatric, Gynecology, Hand, Head and Neck, Plastic (Otorhinolaryngology), Plastic (Not Otherwise Classified), or General (This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery).
9	Surgical Specialists, includes - Includes: Cardiac, Cardiovascular Disease, Orthopedic, Thoracic, Traumatic, or Vascular.
10	Surgical Specialists, includes - Includes: Obstetrics, Obstetrics & Gynecology, or Perinatology.
11	Surgical Specialists, includes - Includes: Neurology (both adult and child).
12	All Chiropractors
13	All Nurse Anesthetists
14	All Podiatrists
15	All health care providers insured by or subject to the rating rules of the Kansas Health Care Provider Insurance Availability Plan , including authorized basic professional liability self-insurers.
16	Professional corporations, partnerships, limited liability companies and not-for-profit corporations as included in the definition of health care provider in K.S.A. 40-3401(f).
17	Medical Care Facilities (includes special hospitals, general hospitals, surgical centers or recuperation centers).
18	Mental Health Centers or Mental Health Clinics.
19	Psychiatric Hospitals (selected facilities only).
20	Persons engaged in approved residency training programs.
21	Physician Assistants
22	Nurse-Midwives
23	Assisted Living Facilities and Residential Health Care Facilities
24	Nursing Facilities

Health Care Stabilization Fund Surcharge Rates (Effective January 1, 2023 - December 31, 2023)

Per Kansas Statutes Annotated 40-3404

\$500,000 per claim subject to \$1,500,000 annual aggregate limit

<u>Fund Class Group</u>	<u>General Description</u>	<u>All years of Fund Compliance</u>
1	Physicians	\$ 396
2	Physicians	\$ 851
3	Physicians	\$ 1,112
4	Physicians	\$ 1,310
5	Physicians	\$ 1,505
6	Physicians	\$ 1,790
7	Physicians	\$ 1,337
8	Physicians	\$ 3,032
9	Physicians	\$ 3,434
10	Physicians	\$ 4,459
11	Physicians	\$ 10,006
12	Chiropractors	\$ 229
13	Nurse Anesthetists	\$ 393
14	Podiatrists	\$ 872
15	Availability Plan Insureds	20%
16	Business Entities	15%
17	Medical Care Facilities	16%
18	Community Mental Health Centers	15%
19	Psychiatric Hospital	15%
20	Residents in Training	15%
21	Physician Assistants	15%
22	Nurse-Midwives	17%
23	Assisted Living & Residential Health Care Facilities	15%
24	Nursing Facilities	15%

* The additional surcharge for Kansas resident health care providers with an active Missouri license is +30%.

* The minimum surcharge for any category of health care provider for any period of compliance is \$200.

HCSF surcharge rate worksheet for non-resident health care providers

If you need assistance completing the non-resident Kansas Health Care Stabilization Fund compliance form or need assistance calculating the Fund surcharge payment, contact the HCSF office by email at hcsf@ks.gov or by phone at 785-291-3777.

This form is for calculation purposes only and is not to be returned to the Health Care Stabilization Fund. Keep this form for your records.

HCSF CLASSIFICATION GROUPS 1 – 14

Use the following worksheet to calculate the Fund surcharge owed.

- Step 1. On page 2 of these instructions find the Fund Classification Group which best describes the professional services you will render in Kansas. All health care providers who obtain their basic professional liability insurance from the Health Care Provider Insurance Availability Plan are assigned Fund Class Group 15. Write your Fund Class Group here: _____
- Step 2. From the HCSF surcharge rate table on page 3, find the Health Care Stabilization Fund annual surcharge amount based on your Fund Class Group. Write that amount in section 4.
- Step 3. Multiple % of Kansas practice as a percentage of the total professional practice (not less than 1%)
- Step 4. Enter surcharge amount due. (Minimum surcharge payment is \$200.00)

HCSF CLASSIFICATION GROUPS 15, 21 and 22

Use the following worksheet to calculate the Fund surcharge owed.

- Step 1. On page 2 of these instructions find the Fund Classification Group which best describes the professional services you will render in Kansas. All health care providers who obtain their basic professional liability insurance from the Health Care Provider Insurance Availability Plan are assigned Fund Class Group 15. Write your Fund Class Group here: _____
- Step 2. Determine the amount of annual insurance premium paid for basic professional liability insurance purchased from your insurance company or the Availability Plan. Enter that amount here: _____
- Step 3. Identify the appropriate percentage surcharge rate based on the Fund Class Group and enter the percentage rate here: _____ %
- Step 4. Multiple the annual premium in step 2 by the percentage rate in step 3. Write that amount on the next line.
- Step 5. Multiple % of Kansas practice as a percentage of the total professional practice (not less than 1%)
- Step 6. Enter surcharge amount due. (Minimum surcharge payment is \$200.00)

HEALTH CARE STABILIZATION FUND CERTIFICATION PROCEDURES

For Non-Resident Health Care Providers with an Active License to Render Professional Services in Kansas

Only individual non-resident health care providers are required to comply with the Kansas Health Care Provider Insurance Availability Act. Out-of-state health care facilities, professional corporations, and similar out-of-state entities are not eligible for Health Care Stabilization Fund coverage.

Section	Instructions
1.	Make certain that the name on the certification form is the same as the name indicated on the health care provider's Kansas license. The health care provider's correct home address (legal domicile) must be indicated. A separate mailing address may also be listed.
2.	Enter the Kansas licensing agency (e.g. Kansas Board of Healing Arts), provider's complete license number, which often includes a prefix and hyphen, and professional specialty.
3.	The information provided in this section of the form should be consistent with the certificate of insurance submitted along with the form.
4.	Follow the instructions in the HCSF surcharge rate worksheet to determine the appropriate amount of annual surcharge and the ratio of Kansas practice. Multiply the annual HCSF surcharge by the ratio of Kansas practice to calculate the net payable HCSF surcharge. Amounts of <i>49 cents</i> or less must be rounded down to the next lowest whole dollar. Amounts of <i>50 cents</i> or more must be rounded up to the next highest whole dollar. The HCSF surcharge payment is \$200.00 or more for each period of compliance.
5.	Sign and date

A copy of the current certificate of insurance for the basic professional liability insurance policy is required with each submission. Failure to submit a copy of the certificate of insurance will delay certification until one is received.

Return the completed form with certificate of insurance and surcharge payment to:
Kansas Health Care Stabilization Fund
300 S.W. 8th Avenue, 2nd Floor
Topeka, Kansas 66603-3912

The form and payment may be completed online through the HCSF website:

[Online Application | Kansas Health Care Stabilization Fund](#)

[Payment Portal | Kansas Health Care Stabilization Fund](#)

Kansas Health Care Provider Insurance Availability Act
Non-Resident Health Care Provider Certification Form (January 2022)

A CERTIFICATE OF INSURANCE IS REQUIRED

Section 1 – Health Care Provider Identification and Residency

Health care provider's name:

Last name, first name, middle initial and professional acronym

Legal residence (cannot be Kansas):

Street address, city, state, zip code, and if not in the United States, the country

Daytime phone number:

Email address:

Mailing address (if different from residence):

Street address, city, state, zip code, and if not in the United States, the country

Section 2 – HCSF Coverage and Health Care Provider Credentials

A. Health Care Stabilization Fund coverage:

HCSF coverage limits

\$500,000/\$1,500,000

B. Statutory credentials:

Kansas licensing agency

Kansas

license number

Professional specialty

HCSF classification group number

Section 3 – Insurance Policy and Information *(certificate of insurance is required for each submission)*

Insurance company name:

Insurance company address:

Street address, city, state, zip code, and if not in the United States, the country

Insurance policy

Type of coverage:

Claims made

Occurrence

Renewal or effective

Expiration

Section 4 – HCSF Surcharge Calculation

Annual HCSF surcharge selected from surcharge rate tables \$_____ or annual HCSF surcharge calculated based on commercial insurance premium multiplied by HCSF surcharge percent \$_____. Percent of professional practice in Kansas ____% [This ratio may be the result of the number of days for a locum tenens assignment divided by 365 days if the primary policy is short-term (six months or less), or it may be a reasonable estimate comparing the amount of patient care provided in Kansas compared to the health care provider's total professional practice during a twelve month period. The percent should be rounded to the nearest whole number and may not be less than one percent.]

HCSF Premium Surcharge Payable: \$

NOTE: The minimum surcharge payable per compliance period is \$200.

Section 5 – Health Care Provider's Certification

I hereby certify that: (1) I am maintaining a policy of professional liability insurance with limits of not less than \$500,000 per claim and \$1,500,000 annual aggregate coverage in accordance with the Kansas Health Care Provider Insurance Availability Act, (2) the above information is true and correct to the best of my knowledge, and (3) I will notify the HCSF Board of Governors in the event of any changes in my professional liability insurance coverage.

Signature:

Date signed:

HCSF USE ONLY