

Kansas Resident Annual Kansas Health Care Stabilization Fund Application Instructions

General Guidelines: Kansas 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 (PLI) requirements and participate in the Health Care Stabilization Fund (HCSF). If you have been a resident health care provider, and you are now a non-resident health care provider, your commercial insurance company may no longer handle the compliance requirements. *If unsure a business entity meets the requirements of a defined health care provider, please email your request to hcsf@ks.gov.*

- **Insurance:** A certificate of insurance is not required with submission. However, the PLI must meet the minimum limits of \$500,000 per claim subject to not less than a \$1,500,000 annual aggregate limit for each individual health care provider. The insurance company listed in this section must be authorized (admitted) to do business in Kansas. 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 at hcsf@ks.gov.
 - Your primary practice carrier should be made aware of any previous Kansas exposure and current Kansas exposure. Kansas Law requires prior acts coverage.
 - Professional liability insurance being provided to Kansas 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. *Self-insured policies are not accepted for primary coverage. Please email hcsf@ks.gov for further instructions.*
 - Claims Made/Occurrence Policies: Per K.S.A. [40-3402](#) primary malpractice coverage must be written as a claims made policy. However, a person engaged in residency training who is providing services as a healthcare provider but, while providing such services (“moonlighting”), is not covered by the self-insurance provisions of K.S.A. 40-3414(d), and amendments thereto, may obtain basic coverage under an occurrence form policy.
 - The carrier, who is responsible in the event of a medical malpractice claim, must be clearly noted on the certificate of insurance.
 - The Fund coverage is an **annual** renewal based on the professional liability insurance policy dates.
Providers have 30 days to submit from the policy expiration date.
- **Application:** In order for an application to be processed, the provider must have “Active” as the license type on the Kansas State Board of Healing Arts website or “Active” as the status on the Kansas State Board of Nursing website. Websites for these agencies and additional agencies you may need access to are listed below for your convenience.

Kansas State Board of Healing Arts - [KS Board of Healing Arts website | Home](#)

Kansas Board of Nursing - ksbn.kansas.gov | [Kansas Nursing Board](#)

Kansas Department of Health and Environment - [KDHE, KS | Hospitals/ASC](#)

Secretary of State - sos.ks.gov | [Business Entity Search](#)

Kansas Department for Aging and Disability - <https://www.kdads.ks.gov> | [Nursing Facilities](#)

- **Application Surcharge:** HCSF requires a **\$200 minimum surcharge** payment per compliance period. **Payments less than \$200.00 will delay the processing of the application and the additional surcharge will be requested.** All surcharge payments must be rounded to the nearest whole dollar amount. *(The minimum surcharge applies to all Fund compliance periods, including short-term policies and surcharge refund adjustments due to mid-term cancellation or termination of existing compliance periods.)* **The surcharge is the cost of the excess professional liability coverage provided by the Fund.**

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Resident Application:

Complete the attached application per instructions, **or**

To access the online compliance application, click on this hyperlink: [Compliance E-Form](#)

Application Instructions:

A paper or web-based application should be accurate and complete to avoid delays. (Incomplete applications will be returned.)

Section 1: Name must match the name indicated on the health care provider's Kansas license and the health care provider's legal residence address. **Provider's birthdate, phone number and email address are required.**

If the HCP is a facility or business, it is important to indicate the name identified on the license or in the articles of incorporation and legal location of facility/business.

List a preferred mailing address if different from legal residence address/business address.

Section 2: Choose the correct Kansas licensing agency or choose business entity/hospital/facility box. List provider's complete license number, which often includes a prefix and hyphen (e.g. 04-00000).

Section 3: Enter current insurance carrier and policy information. The information provided in this section needs to be for the current year's renewal. **(We cannot process current year's applications with the previous year's renewal information.)**

Occurrence Policy – Residents in training are self-insured by the state of KS under a unique statutory arrangement. However, some residents purchase a separate insurance policy to cover their liability exposure in an extracurricular position (“moonlighting”) during residency training. This policy may be an occurrence policy.

Section 4:

HCSF Classification Groups 1-14

- 1) Please select the Health Care Stabilization Fund Classification Group Number that best describes the professional services you will be rendering in/for Kansas. *(See pg. 4 of instructions.)*
- 2) Missouri modification factor of 30%, applies to HCP providers residing in Kansas who an active license to render professional services in Missouri.
- 3) Insurance premium amount is required per K.S.A. [40-3402](#) (1). If not listed, the application will be returned.
- 4) From the Health Care Stabilization Fund Classification Group Rates table, find the annual surcharge amount based on your Fund Class Group Number. *(See pg. 4 of instructions.)*

If the policy issued is short-term, prorate the surcharge by taking the number of days between the policy effective date and the expiration date and divide it by 365. Round to the nearest whole percent.

Example: Short-term policy = 124 days ÷ 365 days = 0.339726 = (34%)

- 5) Unique circumstance part-time policy is when the **PLI has issued a part-time policy**. This ratio 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. This **does not apply** to health care providers who practice part-time in Kansas and part-time in other states as well.

Multiply the HCSF surcharge by percent **(cannot be less than 50%)** of Kansas practice. ***All surcharge payments must be rounded to the nearest whole dollar amount.***

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Examples:

HCSF Class Group 1 = \$404.00

(100% of practice in/for KS) - \$404.00 surcharge due

(30% MO surcharge) - \$404.00 x 30% = \$525.00

(50% of practice in/for KS) - \$404.00 x 50% = 202.00 surcharge due

The minimum surcharge payable per compliance period is \$200 for each health care provider.

Section 4:

HCSF Classification Group 15

The premium and surcharge for this class will be collected by the Kansas Health Care Provider Insurance Availability Plan (The Availability Plan) and submitted directly to the Fund on the health care provider's behalf.

Section 4:

HCSF Classification Groups 16-24

- 1) Please select the Health Care Stabilization Fund Classification Group Surcharge Percent that best describes the professional services the HCP will be rendering in/for Kansas. *(See pg. 4 of instructions)*
- 2) Missouri modification factor of 30%, applies to HCP providers with an active registration or license to provide professional services in Missouri.
- 3) Determine the amount of **individual** annual insurance premium paid for professional liability insurance purchased from your insurance company. Multiply the individual annual insurance premium by the surcharge percent from the Health Care Stabilization Fund Classification Group Rates. *(See pg. 4 of instructions.)*
 - If the policy is a short-term policy, the insurance premium paid should reflect the **prorated** insurance premium amount. The HCSF surcharge should not be prorated because it is the product of the applicable percentage rate applied to the premium, which is already prorated.

Examples:

HCSF Class Group 16 = Individual insurance premium \$1,500.00 x HCSF surcharge 14% = \$210.00

(30% MO surcharge factor) = Individual insurance premium \$1,500.00 x HCSF surcharge 14% = \$210.00 x 30% = \$273.00

The minimum surcharge payable per compliance period is \$200 for each health care provider.

Section 4:

Submitting payment

To access the online payment portal, use the following link: [KanPay](#)

To download the mail-in payment form, use the following link: [HCSF Multi Surcharge Form](#)

The **minimum surcharge** payable per compliance period is **\$200** for each health care provider.

2025 Health Care Stabilization Fund Classification Group Rates

Class Group	Surcharge	Class Group Description
1	\$404	Physicians No Surgery - Allergy, Dermatology, Forensic Medicine, Legal Medicine, Pathology, Psychiatry (including children), Psychoanalysis, Psychosomatic Medicine, Public Health
2	\$788	Physicians No Surgery - 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, Psychiatry, Physical Medicine & Rehabilitation, Pulmonary Diseases, Radiology, Rheumatology, Rhinology, Urgent Care Physicians, & (other Physicians who are not performing surgery and are not otherwise classified)
3	\$1,261	Physicians Performing/Assisting Minor Surgery or in Surgery - 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 children), Ophthalmology (including minor and major surgery), Otolaryngology, Pathology, Pediatrics, Radiology, Rhinology, Shock Therapy, & (other Physicians who are involved in minor surgery and are not otherwise classified)
4	\$1,336	Family Physicians/General Practitioners Performing/Assisting Minor Surgery - includes obstetrical procedures, but not Cesarean Sections
5	\$1,610	Surgical Specialists - Broncho-Esophagology, Colon and Rectal, Endocrinology, Gastroenterology, Geriatrics, Neoplastic, Nephrology, Urological, Family Physicians or General Practitioners (major surgery)
6	\$1,701	Surgical Specialists - Emergency Medicine (minor surgery), Laryngology, Otolaryngology, Otorhinolaryngology, Rhinology
7	\$1,337	Specialists In Anesthesiology - Physicians or DDS certified by the Board of Healing Arts to administer anesthetics.
8	\$3,248	Surgical Specialists - Emergency Medicine (major surgery), Abdominal, Bariatric, Gynecology, Hand, Head and Neck, Plastic (and/or Otorhinolaryngology), & (others who are involved in major surgery and are not otherwise classified)
9	\$3,571	Surgical Specialists - Cardiac, Cardiovascular Disease, Orthopedic, Thoracic, Traumatic, Vascular
10	\$4,637	Surgical Specialists - Obstetrics, Obstetrics & Gynecology, Perinatology
11	\$10,606	Surgical Specialists - Neurology/ Neurosurgeons (including children)
12	\$222	Chiropractors
13	\$373	Nurse Anesthetists
14	\$907	Podiatrists

Class Group	Surcharge Percent	Class Group Description
Percent based surcharges are calculated by the individual annual basic professional liability coverage. Do not alter/round surcharge percent. (Note: Class Group 15 is the only classification available for providers insured by the Health Care Provider Insurance Availability Plan)		
15	21.9 %	All health care providers insured by the Kansas Health Care Provider Insurance Availability Plan , including authorized basic professional liability self-insurers.
16	14.0 %	Professional Corporations, Partnerships, Limited Liability Companies and Not-For-Profit Corporations (as defined by health care provider in K.S.A. 40-3401(f))
17	19.3 %	Medical Care Facilities- (Special Hospitals, General Hospitals, Surgical Centers or Recuperation Centers)
18	15.0 %	Mental Health Centers/Clinics
19	15.0 %	Psychiatric Hospitals (selected facilities only)
20	15.0 %	Persons engaged in approved residency training programs
21	15.5 %	Physician Assistants
22	18.5 %	Nurse-Midwives
23	15.3 %	Assisted Living Facilities and Residential Health Care Facilities
24	13.7 %	Nursing Facilities

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

Minimum surcharge \$200.00 All surcharge payments must be rounded to the nearest whole dollar amount. The minimum surcharge applies to **all** fund compliance periods, including short-term policies and surcharge refund adjustments due to mid-term cancellation or termination of existing compliance periods.

Kansas Resident Annual Health Care Stabilization Fund Application

(All requested information required. Incomplete applications will be returned.)

Section 1 - Health Care Provider Identification and Residency

Health Care Provider's Name: _____
Last Name
First Name
MI
Prof. Acronym

Or Business Entity/Hospital/Other Facility Name: _____

Date of Birth: ____/____/____ Daytime Phone Number: ____-____-____ HCP Email Address: _____

Legal Residence: _____
(Or facility legal address) Street address City State Zip Country if not U.S.

Mailing Address: _____
(If different from above) Street address City State Zip Country if not U.S.

Section 2 - Health Care Provider Credentials - Fund Coverage: \$500,000/\$1,500,000

Statutory credentials:

Kansas Licensing Agency: ____ Board of Healing Arts ____ Board of Nursing ____ Business Entity/Hospital/Other Facility

Provider's Kansas License/Registration Number: _____ (include dashes/hyphens)

Section 3 - Insurance Policy and Information

Insurance Company *(The insurance carrier writing the professional liability policy.)*: _____

Insurance Policy Number: _____ Effective date: ____/____/____ Expiration date: ____/____/____

Type of Coverage: ____ Claims Made ____ Occurrence **(Occurrence Requirement: see pg. 2 instructions)**

Company Rep.: _____ Phone Number: ____-____-____ Email Address: _____

Section 4 - HCSF Surcharge Calculation (Rate table/MO modification factor pg.4 of instructions.)

Class Groups 1-14 **(only complete applicable lines)**

HCSF Classification Group Number: ____	Insurance Premium Amount (required) : \$ _____	Active MO license: ____ No ____ Yes
Surcharge amount for HCSF Class Group Number above		= \$
Missouri active license modification factor, added additional 30%		= \$
Short-term policy, number of days (< 365 days) ____ ÷ 365 rounded to nearest whole percent.	____ % x surcharge	= \$
Unique Circumstance (part-time policy) can be no less than 50% (see pg. 2 of instructions).	____ % x surcharge	= \$

HCSF Premium Surcharge Paid = \$ _____

Class Groups 15-24 **(only complete applicable lines)**

(Percent based surcharges are calculated by the **individual** annual basic professional liability coverage.)

HCSF Classification Group Number: ____	Insurance Premium Amount: (required) below	Active MO license: ____ No ____ Yes
Individual annual insurance premium paid \$ _____ x HCSF Class Group Number surcharge ____ % from table		= \$
Missouri active license modification factor, added additional 30%		= \$

(If short-term policy, the insurance premium paid above should be the prorated insurance premium amount.)

HCSF Premium Surcharge Paid = \$ _____

NOTE: The Minimum surcharge fee is \$200.00 All surcharge payments must be rounded to the nearest whole dollar amount. *(The minimum surcharge fee applies to all Fund compliance periods, including short-term policies and surcharge refund adjustments due to mid-term cancellation or termination of existing compliance periods.)*

For insurer explanation of (e.g. locum, part-time etc...)	HCSF USE ONLY
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