

# Non-Resident Annual Kansas Health Care Stabilization Fund Application Instructions

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**General Guidelines:** 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 (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 healthcare provider, please email your request to [hcsf@ks.gov](mailto:hcsf@ks.gov).*

- **Insurance:** A Certificate of Insurance from an accepted professional liability carrier is required per K.S.A. [40-3402](#) for each Fund submission with 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. If it is not an authorized (admitted) Kansas insurance company, then a non-admitted insurance company may be used if the non-admitted insurer has completed and 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 at [hcsf@ks.gov](mailto:hcsf@ks.gov). *You will be considered non-compliant until an accepted carrier has provided a certificate of insurance.*
  - 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 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. *Self-insured policies are not accepted for primary coverage. Please email [hcsf@ks.gov](mailto: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. One exception is if the provider is a non-resident health care provider, works less than 182 days and holds a locum tenens contract. This criteria will allow an occurrence policy in Kansas.
  - The carrier, who is responsible in the event of a medical malpractice claim, must be clearly noted on the certificate of insurance. Market places such as “Lloyds of London” is not specific enough to distinguish as a primary carrier.
  - The Fund coverage is an **annual** renewal based on the professional liability insurance policy dates. One month prior to the expiration date, a renewal notification letter is sent to the mailing address on file. **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 listed below for your convenience.

Kansas State Board of Healing Arts - [Kansas State Board of Healing Arts \(ksbha.org\)](http://ksbha.org)

Kansas Board of Nursing - [ksbn.kansas.gov](http://ksbn.kansas.gov) | [Kansas Nursing Board](http://KansasNursingBoard.org)

- **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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## **Non-Resident Application:**

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

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

*A digital image of a Certificate of Insurance with providers name listed is **required** as an attachment to the electronic compliance 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; the health care provider's legal residence address *(cannot be a Kansas address)*. **Provider's birthdate, phone number and email address are required.** List a preferred mailing address if different from residence address.

**Section 2:** Choose the correct Kansas licensing agency, list professional specialty and 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 and must correspond with the certificate of insurance submitted with the application form. *(We cannot process current year's applications with the previous year's renewal information.)* A copy of the current certificate of insurance with the providers name listed is required with each submission. *(Failure to submit a copy of the certificate of insurance listing the provider's name will delay certification.)*

## **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 Kansas. *(See pg. 4 of instructions.)*
- 2) 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 =  $124 \text{ days} \div 365 \text{ days} = 0.339726 = (34\%)$

- 3) Enter percent of Kansas practice. If **not** rendering services in/for Kansas, must enter "0". Multiply the HCSF surcharge percent by percent of Kansas practice. *All surcharge payments must be rounded to the nearest whole dollar amount.*

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 **or** it 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).

### **Examples:**

Fund Class Group 1 = \$436.00

(100% of practice in/for KS) - \$436.00 surcharge due

(10% of practice in/for KS) -  $\$436.00 \times 10\% = \$43.60$  surcharge due would be the minimum \$200.00

(0% of services in/for KS) - \$200.00 minimum surcharge

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## **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 21 and 22**

- 1) 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.

- 2) Enter percent of Kansas practice. If **not** rendering services in/for Kansas, must enter "0". Multiply the HCSF surcharge percent by percent of Kansas practice. *All surcharge payments must be rounded to the nearest whole dollar amount.*

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 **or** it 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).

#### **Examples:**

Insurance premium amount = \$2,500

Class Group 21 = 15.5%

(100% of practice in/for KS) -  $\$2,500.00 \times 15.5\% = \$388.00$  surcharge due

(10% of practice in/for KS) -  $\$2,500.00 \times 15.5\% = \$388.00 \times 10\%$  of practice in KS =  $\$38.75 =$  minimum \$200.00 surcharge due

If the surcharge calculation is less than \$200.00, the surcharge due would be the minimum surcharge \$200.00.

## **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.

## **Section 5:**

### **Health Care Provider's Certification – **\*\*Health Care Provider Signature Required\*\*****

Read, sign and date. (Digital signatures are accepted.)

## 2026 Health Care Stabilization Fund Classification Group Rates

Class Group	Surcharge	Class Group Description
1	\$436	<b>Physicians No Surgery</b> - Allergy, Dermatology, Forensic Medicine, Legal Medicine, Pathology, Psychiatry (including children), Psychoanalysis, Psychosomatic Medicine, Public Health
2	\$772	<b>Physicians No Surgery</b> - 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, & (other Physicians who are not performing surgery and are not otherwise classified)
3	\$1,337	<b>Physicians Performing/Assisting Minor Surgery or in Surgery</b> - 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	<b>Family Physicians/General Practitioners Performing/Assisting Minor Surgery</b> - includes obstetrical procedures, but not Cesarean Sections
5	\$1,739	<b>Surgical Specialists</b> - Broncho-Esophagology, Colon and Rectal, Endocrinology, Gastroenterology, Geriatrics, Neoplastic, Nephrology, Urological, Family Physicians or General Practitioners (major surgery)
6	\$1,667	<b>Surgical Specialists</b> - Emergency Medicine (minor surgery), Laryngology, Otolaryngology, Rhinology
7	\$1,337	<b>Specialists In Anesthesiology</b> - Physicians or DDS certified by the Board of Healing Arts to administer anesthetics.
8	\$3,345	<b>Surgical Specialists</b> - 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	\$3,678	<b>Surgical Specialists</b> - Cardiac, Cardiovascular Disease, Orthopedic, Thoracic, Traumatic, Vascular
10	\$4,776	<b>Surgical Specialists</b> - Obstetrics, Obstetrics & Gynecology, Perinatology
11	\$10,924	<b>Surgical Specialists</b> - Neurology/ Neurosurgeons (including children)
12	\$222	<b>Chiropractors</b>
13	\$366	<b>Nurse Anesthetists</b>
14	\$907	<b>Podiatrists</b>

		Class Group Description
<b>Class Group</b>	<b>Surcharge Percent</b>	Percent based surcharges are calculated by the <b>individual</b> annual basic professional liability coverage. (Note: Class Group 15 is the only classification available for providers insured by the Health Care Provider Insurance Availability Plan)
21	15.5%	<b>Physician Assistants</b>
22	19.6%	<b>Nurse-Midwives</b>

### Minimum surcharge \$200.00

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.

# Non-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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

Legal Residence: \_\_\_\_\_  
 (Cannot be a Kansas address) Street Address City State Zip Country if not U.S.

Mailing Address: \_\_\_\_\_  
 (If different from residence) 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

Professional Specialty: \_\_\_\_\_ Kansas License Number: \_\_\_\_\_ (include dashes/hyphens)

## Section 3 – Insurance Policy and Information (current certificate of insurance **required** with providers name listed)

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: must have a locum tenens contract and work less than 182 days**)

## Section 4 – HCSF Surcharge Calculation (rate table pg.4 of instructions)

HCSF Classification Group Number: \_\_\_\_\_

**Class Groups 1-14:** Surcharge amount for Class Group Number: \$ \_\_\_\_\_

If short-term policy, prorated surcharge **above** based on the number of days divided by 365 rounded to the nearest whole percent = \_\_\_\_% = \$ \_\_\_\_\_

Percent of KS practice (if not rendering services in/for KS must enter "0") \_\_\_\_ % multiplied by surcharge calculated **above** per class number = \$ \_\_\_\_\_

**Class Groups 21-22:** Individual annual insurance premium paid \$ \_\_\_\_\_ multiplied by HCSF surcharge \_\_\_\_ % rate from table = \$ \_\_\_\_\_

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

Percent of KS practice (if not rendering services in/for KS must enter "0") \_\_\_\_ % multiplied by surcharge calculated **above** per class number = \$ \_\_\_\_\_

**HCSF Premium Surcharge Paid \$ \_\_\_\_\_** NOTE: **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.)

## Section 5 – Health Care Provider's Certification: - **\*\*Health Care Provider Signature Required\*\***

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 (Required) : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Person submitting application if not provider:

First Name Last Name Phone Number Email Address

Any additional information/explanation regarding application:	HCSF USE ONLY
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