



Health Care Stabilization Fund

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Bulletin 2008-1

TO: Companies Providing Professional Liability Insurance to Kansas Health Care Providers - For Distribution to Supervisors of Kansas Operations

FROM: Charles L. Wheelen, Executive Director, Health Care Stabilization Fund

DATE: April 2008

SUBJECT: Fiscal Year 2009 Annual Surcharge Rating Classification System

The purpose of this bulletin is to provide information about the recently revised Health Care Stabilization Fund (HCSF) annual surcharge rating classification system. Enclosed with this bulletin is the FY 2009 Annual Premium Surcharge and Rating Classification System Brochure. Information regarding the FY 2009 annual surcharge rating classifications system may also be found at the HCSF website (www.hcsf.org). The FY 2009 annual surcharge rating classification system will be applicable to health care providers (as defined in K.S.A. 40-3401) who are insured by professional liability insurance policies with effective dates on and after July 1, 2008. *Please note there are numerous changes to the Fund surcharge rate tables for FY 2009.* The following information is provided to assist insurers:

- A. HCSF Class Groups for Physicians, Surgeons, Chiropractors, Registered Nurse Anesthetists, and Podiatrists:** Insurers are to utilize these HCSF Class Groups, as described and defined on page 5 of the enclosed brochure, in determining the classification of the individual health care provider. Additional classification coding instructions for health care providers who are in the HCSF Class Groups 1 through 14 are:
- 1) HCSF Class Groups with Health Care Stabilization Fund Rate Classification Numbers and Fund Class Groups (pages 8 & 9 of the brochure); and
 - 2) Guidelines for Classification Information Related to Fund Class Group 3, HCSF Rate Classification Number Descriptions for HCSF Class Group 3 (Pages 10 and 11 of the brochure).
- B. Fund Surcharge Rating Classification System Procedures:** These rating procedures are described on page 6 of the brochure.
- C. Missouri Rate Modification Factor:** Insurers must add 25% to the HCSF surcharge for a health care provider residing in Kansas who is licensed (registered, etc.) in Missouri. The Missouri Rate Modification Factor is applicable to any health care provider who is a resident of Kansas and is also licensed (or otherwise authorized) to render professional services in Missouri.
- D. Annual Surcharge Rating Tables for Fund Class Groups 1 through 14:** Insurers must utilize the HCSF surcharge rating tables, as set forth on page 7 of the brochure in determining the surcharge payment for individual health care providers issued basic professional liability insurance policies.

- E. Annual Surcharge Rating Tables for Fund Class Groups 15 through 21:** Insurers are to utilize the percentage surcharge rate factors and procedures shown in the lower, right column adjacent to these Fund Class Groups on page 5 of the brochure. *These rates have increased for FY 2009.*
- F. Notice of Basic Coverage (NBC) form:** The NBC form is printed on the back page of the brochure for easy copying if needed. The current NBC form is revised only slightly. If the insurer already has FY2008 NBC forms printed, those may also be used. In addition, the new NBC form can be downloaded from the HCSF website at <http://www.hcsf.org/Brochures/brochures.htm>. A completed NBC form, accompanied by the HCSF surcharge payment, must be submitted by the insurer for each insured health care provider. *Please note that K.S.A. 40-3404 requires the NBC form and HCSF surcharge to be submitted to the HCSF within 30 days after the annual premium is received by the insurer. Failure to submit the NBC form and surcharge as required may result in a complaint being filed with the Kansas Insurance Department.* Instructions for completing the HCSF NBC form are on the front page of the brochure.
- G. Health Care Stabilization Fund Refund Request Form:** The enclosed Health Care Stabilization Fund Refund Request form includes a signature line under the name and address of the health care provider, for refunds payable to the insured health care provider. Refunds that are payable to another person or entity are to be signed at the bottom of the page below the hold harmless clause. *All refund requests require an original signature.*
- H. Mandatory Health Care Provider Claim Information Report Form:** Kansas law requires that certain information be submitted to the appropriate Kansas State health care provider regulatory agency and the Health Care Stabilization Fund no later than 30 days following the insurer's receipt of written or oral notice of claim. *Failure to report the information described on the enclosed form may result in a civil fine of up to \$1,000 per day and suspension, revocation, denial of renewal, or cancellation of the insurer's Certificate of Authority to transact business in Kansas or Certificate of Self-Insurance (K.S.A. 40-3421).*

If additional information is needed regarding the Health Care Stabilization Fund surcharge rating classification system, please contact Lorie Anderson, Laura Ray, or Jurina Watts at the HCSF office. The telephone number is 785 291 3777. You can also visit the HCSF website at www.hcsf.org for additional information and copies of HCSF forms.

Enclosures:

- 1) HCSF FY 2009 Annual Premium Surcharge and Rating Classification System Brochure
- 2) HCSF Notice of Basic Coverage Form
- 3) HCSF Refund Request Form
- 4) Mandatory Health Care Provider Claim Information Report Form – Initial Report

Kansas Health Care Stabilization Fund

FY 2009 Annual Premium Surcharge

And Rating Classification System



APRIL 2008

Members of the Health Care Stabilization Fund Board of Governors	Timothy Bolz, D.C.	Arthur D. Snow, Jr., M.D., Chairman	Elaine L. Ferguson, D.O.
	Deborah Burns, D.O.	Julie Quirin, Vice-Chair	Jimmie A. Gleason, M.D.
	Steve Clifton, CRNA	Steven C. Dillon, M.D.	Larry Shaffer
		Michael A. Dorsey	

Overview of Changes

Fiscal Year 2009 HCSF Premium Surcharge

Rating Classification System Brochure

1. The Health Care Stabilization Fund Board of Governors recently adopted a number of changes in the schedule of premium surcharge rates for the fiscal year beginning July 1, this year.
2. The Missouri modification factor, which applies to all Stabilization Fund class groups, will remain twenty-five percent.
3. *These FY2009 Health Care Stabilization Fund surcharge rates will be effective for new and renewal basic coverage periods with an effective date from July 1, 2008 through June 30, 2009.*
4. The Notice of Basic Coverage (NBC) form will not change for FY2009. The NBC form on the last page of this bulletin was modified only slightly and is substantially the same as the form used last year. The NBC form is also available on our Internet web site (<http://www.hcsf.org/Brochures/brochures.htm>). The following areas of the NBC form need to be carefully completed to avoid errors or unintentionally omitted information. Avoiding such errors can prevent time consuming follow-up correspondence and telephone calls.

Section I, Health Care Provider's Name, first blank line: Insurers are to enter the last name, first name, middle initial and provider professional designation, or when the NBC form is being completed for a health care provider entity, enter the legal name of the entity. It is important to enter the official name of the insured health care provider entity, for example, the name of the insured professional corporation as listed with the Kansas Secretary of State, or the licensed name of the insured hospital. It is also important to enter the insured health care provider's legal resident address in the Resident Address portion of the NBC Form. This also applies to Health Care Stabilization Fund professional corporations and health care provider entities that are defined health care providers. For example, if your company is insuring a Kansas health care provider professional corporation which has its principal place of business at a Missouri address, the official Kansas address needs to be entered as the Resident Address and the Missouri address would be entered on the line designated for the Business Address of Health Care Provider. Obtaining the proper residency address is very important for purposes of determining coverage under the Health Care Providers Insurance Availability Act.

Section II is only for those health care providers who have already selected HCSF coverage limits. It provides check boxes for Stabilization Fund coverage limits previously selected by the named insured health care provider. Please be sure to check the applicable box that reflects the correct Fund coverage limits that were previously selected. *Do not use the Fund coverage limit check boxes in this section to make changes in the health care provider's previously selected Fund coverage limits.* See page 3 for instructions regarding increased coverage limits.

Section III is to be completed for a health care provider who, for the first time, is selecting the Stabilization Fund coverage limit. For these health care providers, one of the three Fund coverage limits must be selected, and the provider must sign and date this section. *This section cannot be used to change a health care provider's Fund coverage limits.*

Section IV requires specific insurance details. Insurers having any difficulty in completing section IV should contact the Health Care Stabilization Fund office for additional assistance.

(Continued on page 2)

Overview of Changes for Fiscal Year 2009 *(continued from page 1)*

The following general guidelines are provided for Section IV of the NBC:

1. **HCSF Rate Classification Number:** Be sure to complete this box by entering the correct Health Care Stabilization Fund Rate Classification Number. It will be one of the codes listed on pages 8 through 11.
2. Enter the provider's correct license or registration number.
3. Enter the provider's basic coverage premium amount.
4. Enter the applicable HCSF Class Group Number: These codes are found on page 5.
5. Enter the number of Fund compliance years from the Fund maturity table on page 4. For all HCSF Class Groups this number should be the length of time that the specific provider has been in Fund compliance, not how long the provider has been with a specific insurance company. Compliance periods spent in moonlighting practice by providers while in a postgraduate training program are to be counted unless the provider elects not to count such periods by signing the Fund Surcharge Rating System Agreement form at the time the provider first begins private practice after completion of the postgraduate training program. The form is to be submitted along with the NBC form. If you are unsure about the length of time a provider has complied with the Fund, please contact this office for assistance. The only compliance period not to be counted is the time spent in a postgraduate training program. Please note, health care providers who have Fund compliance periods with a University of Kansas Medical Center Foundation or Association as a full-time faculty member are to include such compliance in determining Fund compliance years.
6. Enter the HCSF surcharge payment (page 7). For providers in HCSF Class Groups 1 through 14, this amount is determined by the level of coverage selected by the health care provider, the number of Fund compliance years and the HCSF Class Group Number for the provider's specialty. For HCSF Class Group Numbers 15 through 21, this number is a percentage of the provider's basic coverage premium amount (page 5). The percentage should be indicated in the HCSF surcharge percentage box and is used to calculate the HCSF surcharge payment, to be indicated in the box immediately to the right of the percentage box. *See number seven before entering the amount.*
7. There may be appropriate reasons to adjust the amount of the HCSF surcharge calculation. Those reasons are:
 - a. The policy may be issued for only part of a year, and the HCSF surcharge as well as the basic premium may be prorated.
 - b. The policy may be for a part-time practice, and the HCSF surcharge may be adjusted by the same part-time factor used by the insurer for determining the basic coverage premium.
 - c. The Missouri Modification Factor may be applicable. It applies to all health care providers residing in Kansas who are providing professional services in Missouri. This includes all Fund Class Groups. Check the box if applicable and add the additional 25% Missouri Rate Modification to the appropriate Stabilization Fund surcharge. The additional surcharge is to be included in the HCSF surcharge payment for the health care provider.
8. Enter the insurance company name.
9. Enter the name of the insurance agent or company representative and his or her telephone number. An electronic mail address may also be indicated.

If you have any questions regarding these instructions or need assistance with other issues regarding the NBC Form or Fund surcharge rates, please contact the HCSF office. You may call 785 291 3777 and you will be referred to a member of the Compliance Section staff. *

HCSF Staff

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 Shirley Bowen, Chief Financial Officer
 Kathy Gerisch, Accountant
 Betsy Hoke, Accounting Specialist

How to Assist Health Care Providers to Change Fund Coverage Limits

Follow These Guidelines To Increase HCSF Coverage Limits

Health care providers that currently maintain Fund coverage limits of \$100,000/\$300,000 or \$300,000/\$900,000 *may request* a higher Fund coverage limit by **submitting their written request** to the Fund Board of Governors. If a health care provider desires to increase his or her Fund coverage limits, these guidelines are to be followed:

1. Use the enclosed Request To Increase Health Care Stabilization Fund Coverage Limits form. This form may be downloaded from the HCSF website at URL www.hcsf.org/Forms.htm.
2. The health care provider must complete and sign the request form and attach any supporting documentation or material. The original, signed form and supporting information must be sent to the HCSF office via U.S. Postal Service. You may ask the health care provider to send a copy of the completed form to you, the basic professional liability insurer, but the original must be sent to the HCSF Board of Governors.

Within seven working days the health care provider should receive an acknowledgement of their application which will include additional information regarding the estimated date of the Board of Governors review and action upon the application.

NOTICE: Attempts by health care providers and their professional liability insurers to increase Fund coverage limits by methods other than following the above instructions have resulted in the unnecessary submission of additional Fund surcharge payments, delayed approval dates of increased Fund coverage limits, and frustration for the health care provider. The Fund will make every effort to assist the provider in resolving these problems. Making a higher Fund coverage limit selection on the Notice of Basic Coverage form is not acceptable. Before Fund coverage limits may be increased, the health care provider's written request must be approved by the Board of Governors.

Follow These Guidelines To Decrease Fund Coverage Limits

Professional liability insurers may assist their insured health care providers when the health care provider desires to reduce his or her Stabilization Fund coverage limits to either the \$100,000/\$300,000 or the \$300,000/\$900,000 options. Prior approval of the Fund Board of Governors for reduced Fund coverage limits is not required. It is recommended, however, that health care providers utilize the enclosed Request To Decrease Health Care Stabilization Fund Coverage Limits form. Copies of this form are available from the Fund office or from the HCSF website (<http://www.hcsf.org/Forms.htm>). A health care provider should receive acknowledgement (along with any other applicable information) of the request to decrease his or her Fund coverage limits within seven working days. *

Do you need to know how HCSF coverage limits are applied to individual claims and lawsuits?

The Frequently Asked Questions section of the HCSF Internet website (www.hcsf.org) has the following additional information available:

- Fund Coverage Limit Application
- What Coverage Is Provided By The Fund
- Does The Basic Professional Liability Insurance and Fund Coverage Also Cover Other Individuals

GENERAL INFORMATION ABOUT THIS RATING SYSTEM

Descriptions of Fund Class Groups for Physicians, Surgeons, Chiropractors, Registered Nurse Anesthetists, Podiatrists and Dentists Certified To Administer Anesthetics:

Utilize Fund Class Groups 1 through 14 as described on page 5. A conversion table for Fund Rate Classification Numbers to Fund Class Group Numbers can be found on pages 8 and 9. Additional classification guidelines for those health care providers to be included in HCSF Class Group 3 are included on pages 10 and 11.

These are the Fund Class Groups for which Surcharge Rate Table I, II or III on page 7 are applicable. These published rates are to be used without modification other than those permitted by Procedure Number 3 on page 6.

Descriptions for Professional Corporations, Limited Liability Companies, Partnerships, Medical Care Facilities, and Other Defined Health Care Provider Entities:

Utilize HCSF Class Groups 15 through 21 located at the bottom of page 5. For these Fund Class Groups the percentage surcharge rates located at the bottom right of page 5 are applicable.

FY 2009 Fund Surcharge Rate Tables:

HCSF Class Groups 1 through 14 are located on page 7. Please read the “Helpful Hints For Using These Tables” at the right side of that page.

Selection and Subsequent Changing of Fund Coverage Limits:

For some insurers and health care providers, selecting and making changes to Stabilization Fund coverage limits has been somewhat confusing. To assist insurers, agents and health care providers, a specific article regarding how to make changes in Fund coverage limits has been included on page 3 of this brochure.

How to Determine Number of Years of Fund Compliance for Health Care Providers:

This should be available from the insurer’s and agent’s underwriting information. If it is not, individual health care provider Stabilization Fund compliance information is available via the Internet. Additional information about how to access this information is posted on the Fund web site (www.hcsf.org/DataLookup.htm).

Once your underwriter or agent has the necessary Fund compliance record for an individual health care provider, you should simply determine the total number of Fund compliance years. This is explained in Procedure Number 1 on page 6. In addition, the following *Fund maturity table* is provided for your assistance:

0-365 DAYS OR ONE FULL YEAR OF FUND COMPLIANCE USE THE SURCHARGE RATE COLUMN OF THE APPLICABLE TABLE ON PAGE 7:	366-730 DAYS OR TWO FULL YEARS OF FUND COMPLIANCE USE THE SURCHARGE RATE COLUMN OF THE APPLICABLE TABLE ON PAGE 7:	731-1,095 DAYS OR THREE FULL YEARS OF FUND COMPLIANCE USE THE SURCHARGE RATE COLUMN OF THE APPLICABLE TABLE ON PAGE 7:	1,096-1,460 DAYS OR FOUR FULL YEARS OF FUND COMPLIANCE USE THE SURCHARGE RATE COLUMN OF THE APPLICABLE TABLE ON PAGE 7:	GREATER THAN 1,460 DAYS OR FIVE FULL YEARS OF FUND COMPLIANCE USE THE SURCHARGE RATE COLUMN OF THE APPLICABLE TABLE ON PAGE 7:
1 FIRST YEAR OF FUND COMPLIANCE	2 SECOND YEAR OF FUND COMPLIANCE	3 THIRD YEAR OF FUND COMPLIANCE	4 FOURTH YEAR OF FUND COMPLIANCE	5 FIVE OR MORE YEARS OF FUND COMPLIANCE

If You Still Have Questions or Need Additional Assistance:

Please contact the Fund office for any additional assistance you may feel is needed in order for your company personnel or agents to assist Kansas health care providers in complying with the Fund law and its coverage provisions. *



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How to Determine Fund Surcharge Rates: From the table on this page, find which Fund Class Group best describes the health care provider’s professional services. **For health care providers who are classified in the first fourteen class groups, the surcharge payment amount can be found in the applicable Fund coverage level tables located on page 7.** *Other health care providers who are class groups 15 through 21 will pay a surcharge based on the percentage rates included in the table near the bottom of this page.*

HEALTH CARE STABILIZATION FUND SURCHARGE RATING CLASSIFICATION SYSTEM										
FUND CLASS GROUPS	CLASS GROUP DESCRIPTIONS – Important Note: Class Group 15 is the only classification available for providers insured by the Kansas Health Care Provider Insurance Availability Plan.									
PHYSICIANS and SURGEONS (M.D. & D.O.)										
1	Physicians-No Surgery, includes: Allergy, Dermatology, Forensic Medicine, Legal Medicine, Pathology, Psychiatry (including 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 and 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 and 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, Rhinology.									
7	Specialists In Anesthesiology: Includes DDS certified 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), 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: Cardiac, Cardiovascular Disease, Orthopedic, Thoracic, Traumatic, Vascular.									
10	Surgical Specialists, includes: Obstetrics, Obstetrics & Gynecology, Perinatology.									
11	Surgical Specialists, includes: Neurology (including child).									
CHIROPRACTORS (D.C.)										
12	Chiropractors									
REGISTERED NURSE ANESTHETISTS (C.R.N.A.)										
13	Registered Nurse Anesthetists									
PODIATRISTS (D.P.M.)										
14	Podiatrists									
OTHER HEALTH CARE PROVIDERS										
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.	FY 2008 FUND SURCHARGE TABLE AND RATING PROCEDURE FOR FUND CLASS GROUPS 15 THROUGH 21 Apply the following percentage surcharge rates to the premium charged by the insurer for the required basic professional liability coverage: <table border="0"> <tr> <td>For Fund Coverage Limit Of:</td> <td>The Fund Surcharge Rate Is:</td> </tr> <tr> <td>\$100,000/\$300,000</td> <td>21%</td> </tr> <tr> <td>\$300,000/\$900,000</td> <td>32%</td> </tr> <tr> <td>\$800,000/\$2,400,000</td> <td>37%</td> </tr> </table> Note: The above surcharge percentages are to be applied to the basic coverage premium without reduction for any deductible premium credit.	For Fund Coverage Limit Of:	The Fund Surcharge Rate Is:	\$100,000/\$300,000	21%	\$300,000/\$900,000	32%	\$800,000/\$2,400,000	37%
For Fund Coverage Limit Of:	The Fund Surcharge Rate Is:									
\$100,000/\$300,000	21%									
\$300,000/\$900,000	32%									
\$800,000/\$2,400,000	37%									
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	Other health care providers defined in K.S.A. 40-3401(f) and not otherwise classified in Fund Classes 1 through 20. Insurers must contact the Fund for application to utilize this Fund Class Group.									
MISSOURI MODIFICATION FACTOR										
An additional surcharge amount equal to 25% of the annual dollar surcharge rate must be added to the surcharge payment of the Kansas resident health care provider who is licensed (registered, etc.) and provides professional services in Missouri. Also refer to Procedure Number 3 on Page 6.										

**HEALTH CARE STABILIZATION FUND SURCHARGE RATING CLASSIFICATION SYSTEM PROCEDURES
FISCAL YEAR 2009**

Procedure Number	Explanation, Application and Description of Procedure
1.	Determine the Number of HCSF Compliance Years (for Fund Class Groups 1 through 14): Find the number of years the health care provider has been rendering professional services in Kansas and complying with the Health Care Stabilization Fund (not including time spent in postgraduate training programs approved by the Board of Healing Arts).
2.	Select Fund Coverage Limits: Initial selection of one of the Fund coverage limits or subsequent selection of lower Fund coverage limit <i>requires</i> the signature of the health care provider on the Fund Notice of Basic Coverage form. <i>Fund coverage limit selections may only be increased by submitting a signed Request For Increased Coverage Limits Application to the Fund Board of Governors.</i>
3.	Modification of the Annual Premium Surcharge Amount is permitted for the following purposes only: <ol style="list-style-type: none"> Pro-rata basis for policy periods of less than one year. Pro-rata adjustment will be based on an annual period of 365 days—do not make any adjustments for policy periods which include the leap-year day of February 29. Part-time practice credits may be applied to the annual dollar surcharge rates on the same or similar basis as may be approved for the basic professional liability insurer. Missouri Modification Factor, applicable to all Fund Class Groups: An additional surcharge amount equal to 25% of the annual dollar surcharge rate shall be added to the surcharge payment of the Kansas resident health care provider who is licensed (registered, etc.) and provides professional services in Missouri. <p>The nature of the modification to the annual dollar surcharge rate for individual health care providers must be identified and explained on the Notice of Basic Coverage form submitted by the professional liability insurer.</p>
4.	Rounding Rule For All Surcharge Payments: All surcharge payments shall be rounded to the nearest whole dollar amount. Amounts of <i>49 cents</i> or less shall be rounded down to the next lowest whole dollar. Amounts of <i>50 cents</i> or more shall be rounded up to the next highest whole dollar.
5.	A Minimum \$10 Fund Surcharge Payment Per Compliance Period Required. The minimum surcharge is applicable to all Fund compliance periods, including short-term policy periods and surcharge refund adjustments due to mid-term cancellation or termination of existing Fund compliance periods.
6.	Fund Class Group 21 is to be utilized for any other health care provider defined in K.S.A. 40-3401(f) and not otherwise classified in Fund Class Groups 1 through 20. If there is any question regarding the proper classification of a health care provider, please contact your insurance company or the HCSF Board of Governors office.
7.	Fund Surcharge Rating for Authorized Self-Insured Health Care Providers: Fund surcharge payments for health care providers who have been issued a Certificate of Basic Professional Liability Self-Insurance in accordance with K.S.A. 40-3414 will continue to be an amount equal to a percentage of the amount the self-insurer would pay for the basic coverage as calculated in accordance with the self-insured rating procedures adopted by the HCSF Board of Governors.
8.	Health care providers, who completed an approved Kansas postgraduate training program and also provided professional services in outside “moonlighting” activities for which basic professional liability insurance coverage was obtained from the Health Care Provider Insurance Availability Plan, may choose one of the following when beginning their first year of Kansas private practice Fund compliance: <ol style="list-style-type: none"> Continue their Fund surcharge rating based on all prior moonlighting compliance periods and count those moonlighting compliance periods towards meeting the five year compliance requirement for attaining the Fund’s tail coverage; or Fund surcharge rating based on the date the health care provider begins their Kansas private practice after completing their postgraduate training program. Health care providers choosing this option will agree by written statement that prior moonlighting compliance periods will not count toward meeting the five year compliance requirement for attaining the Fund’s tail coverage.

**Examples of How the Surcharge Rating System Procedures Will be Applied by
the Professional Liability Insurance Company**

Example I – A General Surgeon, with \$800,000/\$2,400,000 Fund Coverage Limits: The Fund Class Group 8 would be applicable to this doctor. From the Surcharge Payment Table III (the Fund’s highest coverage limits) the correct Fund payment amount can be located on the line titled Fund Class Group 8. In this example, the doctor has been complying with the Fund since January 1, 1982 and the surcharge amount will be in the “Fifth Year” column (\$7,104) for this doctor’s January 1, 2009 policy renewal.

Example II - A Family Practice Physician, no surgery, with \$300,000/\$900,000 Fund Coverage Limits: The Fund Class Group 2 would be applicable to this doctor. From the Surcharge Payment Table II (the Fund’s middle coverage limits) the correct Fund payment amount can be located on the line titled Fund Class Group 2. In this example, the doctor has been complying with the Fund since May 1, 2006 and the surcharge amount will be in the “Fourth Year” column (\$1,300) for the doctor’s May 1, 2009 policy renewal.

Example III – A Chiropractor, with \$100,000/\$300,000 Fund Coverage Limits: The Fund Class Group 12 would be applicable to this doctor. From the Surcharge Payment Table I (the Fund’s lowest coverage limits) the correct Fund payment amount can be located on the line titled Fund Class Group 12. In this example, the doctor has been complying with the Fund since July 1, 2006 and the surcharge amount will be in the “Third Year” column (\$209) for the doctor’s July 1, 2008 policy renewal.

Example IV – A Kansas resident Family Practice Physician, who is also licensed in Missouri with a practice located in that state, with \$800,000/\$2,400,000 Fund Coverage Limits: The Fund Class Group 2 would be applicable to this doctor. From the Surcharge Payment Table III (the Fund’s highest coverage limits) the correct Fund payment amount can be located on the line titled Fund Class Group 2. In this example, the doctor has been complying with the Fund since May 1, 1995 and the surcharge amount will be based on the “Fifth Year” column, \$1,827, PLUS the *additional 25% Missouri practice surcharge factor* (\$457) for a total surcharge cost of \$2,284 for the doctor’s May 1, 2009 policy renewal.

**FY 2009 Health Care Stabilization Fund Surcharge Rate Tables
for Professional Liability Insurance Policies that Become Effective
On or After July 1, 2008**

TABLE I - Health Care Stabilization Fund Surcharge Rates For \$100,000/\$300,000 Coverage Limits

Fund Class Group	¹ FIRST YEAR OF FUND COMPLIANCE	² SECOND YEAR OF FUND COMPLIANCE	³ THIRD YEAR OF FUND COMPLIANCE	⁴ FOURTH YEAR OF FUND COMPLIANCE	⁵ FIVE OR MORE YEARS OF FUND COMPLIANCE
1	\$94	\$245	\$385	\$426	\$476
2	165	428	672	742	832
3	212	548	863	953	1,066
4	238	614	965	1,064	1,192
5	277	720	1,133	1,252	1,400
6	352	909	1,430	1,580	1,767
7	279	722	1,138	1,256	1,406
8	641	1,659	2,616	2,887	3,229
9	646	1,666	2,626	2,895	3,241
10	925	2,395	3,776	4,165	4,662
11	1,400	3,615	5,696	6,286	7,032
12	50	131	209	229	256
13	98	253	396	438	494
14	230	595	937	1,034	1,156

TABLE II - Health Care Stabilization Fund Surcharge Rates For \$300,000/\$900,000 Coverage Limits

Fund Class Group	¹ FIRST YEAR OF FUND COMPLIANCE	² SECOND YEAR OF FUND COMPLIANCE	³ THIRD YEAR OF FUND COMPLIANCE	⁴ FOURTH YEAR OF FUND COMPLIANCE	⁵ FIVE OR MORE YEARS OF FUND COMPLIANCE
1	\$165	\$428	\$674	\$745	\$833
2	287	745	1,178	1,300	1,456
3	369	959	1,511	1,668	1,867
4	418	1,072	1,691	1,865	2,085
5	489	1,258	1,983	2,189	2,449
6	616	1,589	2,505	2,763	3,089
7	490	1,262	1,992	2,197	2,458
8	1,125	2,904	4,576	5,052	5,651
9	1,129	2,914	4,593	5,070	5,670
10	1,623	4,190	6,604	7,291	8,154
11	2,450	6,323	9,968	10,999	12,306
12	89	230	364	402	449
13	169	441	696	767	861
14	403	1,040	1,639	1,811	2,024

TABLE III - Health Care Stabilization Fund Surcharge Rates For \$800,000/\$2,400,000 Coverage Limits

Fund Class Group	¹ FIRST YEAR OF FUND COMPLIANCE	² SECOND YEAR OF FUND COMPLIANCE	³ THIRD YEAR OF FUND COMPLIANCE	⁴ FOURTH YEAR OF FUND COMPLIANCE	⁵ FIVE OR MORE YEARS OF FUND COMPLIANCE
1	\$209	\$538	\$847	\$936	\$1,045
2	366	939	1,480	1,637	1,827
3	466	1,205	1,900	2,098	2,345
4	520	1,346	2,123	2,345	2,623
5	614	1,581	2,493	2,752	3,078
6	774	1,997	3,147	3,472	3,886
7	616	1,589	2,505	2,763	3,091
8	1,414	3,651	5,754	6,349	7,104
9	1,421	3,664	5,773	6,372	7,128
10	2,043	5,269	8,303	9,167	10,252
11	3,078	7,952	12,529	13,830	15,469
12	111	288	455	502	562
13	217	553	877	967	1,081
14	506	1,307	2,062	2,275	2,546

**Helpful Hints For
Using
These Tables**

1. The Fund Class Group is to be assigned by the health care provider's basic professional liability insurance company. This determination will be based on customary insurance company underwriting practices, as well as the information included in this brochure and special instructions provided to insurance companies by the Fund.

2. Only those modifications included in the Surcharge Rating Classification Procedures on page 6 are permitted.

3. The number of Fund compliance years shown in each of these tables does not have to be consecutive. *

HCSF Rate Classification Numbers and Fund Class Groups

Description	HCSF Rate Classification Number	HCSF Class Code Number
Aerospace Medicine	80230	2
Allergy	80254	1
Anesthesiology	80151	7
Angiography	80422	3
Arteriography	80422	3
Broncho-Esophagology	80101	5
Cardiovascular Disease - no surgery	80255	2
Cardiovascular Disease - minor surgery	80281	3
Catheterization - arterial, cardiac, or diag - other than 3 exceptions	80422	3
Certified Registered Nurse Anesthetists`	80960	13
Chiropractors	80410	12
Colonoscopy	80443	3
Dermatology - minor surgery	80282	3
Dermatology - No Surgery	80256	1
Diabetes - minor surgery	80271	3
Diabetes - no surgery	80237	2
Discograms	80422	3
Emergency Medicine - including major surgery	80157	8
Emergency Medicine - no major surgery	80102	6
Endocrinology - minor surgery	80272	3
Endocrinology - no surgery	80238	2
ERCP (endoscopic retrograde cholangiopancreatography)	80443	3
Family Physicians or G.P. - minor surgery, no ob procedures	80423	3
Family Practice or G.P. - major surgery, includes ob procedures	80117	5
Family Practice or G.P. - minor surgery, includes ob procedures, no c sections	80421	4
Family Practice or G.P. - no surgery	80420	2
Forensic Medicine	80240	1
Gastroenterology - minor surgery	80274	3
Gastroenterology - no surgery	80241	2
General Practice - no surgery	80242	2
General Preventive Medicine - no surgery	80231	2
General Practice - minor surgery	80275	3
Geriatrics - minor surgery	80276	3
Geriatrics - no surgery	80243	2
Gynecology - minor surgery	80277	3
Gynecology - no surgery	80244	2
Hematology - minor surgery	80278	3
Hematology - no surgery	80245	2
Hypnosis	80232	2
Infectious Diseases - minor surgery	80279	3
Infectious Diseases - no surgery	80246	2
Intensive Care Medicine	80283	3
Internal Medicine - minor surgery	80284	3
Internal Medicine - no surgery	80257	2
Invasive Procedures - major	80422	3
Invasive Procedures - minor	80443	3
Laryngology - minor surgery	80285	3
Laryngology - no surgery	80258	2
Lasers - Used in therapy	80422	3
Legal Medicine	80240	1
Neoplastic Diseases - minor surgery	80286	3
Neoplastic Diseases - no surgery	80259	2
Nephrology - minor surgery	80287	3
Nephrology - no surgery	80260	2
Neurology - including child - minor surgery	80288	3
Neurology - including child - no surgery	80261	2
Nuclear Medicine	80262	2
Nutrition	80248	2

HCSF Rate Classification Numbers and Fund Class Groups (Continued from Page 8)

Description	HCSF Rate Classification Number	HCSF Class Code Number
Occupational Medicine	80233	2
Ophthalmology - minor surgery	80289	3
Ophthalmology - no surgery	80263	2
Otology - minor surgery	80290	3
Otology - no surgery	80264	2
Otorhinolaryngology - minor surgery	80291	3
Otorhinolaryngology - no surgery	80265	2
Pathology - minor surgery	80292	3
Pathology - no surgery	80266	1
Pediatrics - minor surgery	80293	3
Pediatrics - no surgery	80267	2
Pharmacology - clinical	80234	2
Phlebography	80422	3
Physiatry	80235	2
Physical Medicine and Rehabilitation - no surgery	80235	2
Physicians - minor surgery - N.O.C.	80294	3
Physicians - no surgery - N.O.C.	80268	2
Pneumatic or mechanical esophageal dilation (not with bougie or olive)	80443	3
Podiatrists	80993	14
Psychiatry - including child	80249	1
Psychoanalysis	80250	1
Psychosomatic Medicine	80251	1
Public Health	80236	1
Pulmonary Diseases - no surgery	80269	2
Radiology - diagnostic - minor surgery	80280	3
Radiology - diagnostic - no surgery	80253	2
Rheumatology - no surgery	80252	2
Rhinology - minor surgery	80270	3
Rhinology - no surgery	80247	2
Surgery - abdominal	80166	8
Surgery - bariatric	80142	8
Surgery - cardiac	80141	9
Surgery - cardiovascular disease	80150	9
Surgery - colon and rectal	80115	5
Surgery - endocrinology	80103	5
Surgery - gastroenterology	80104	5
Surgery - general - does not apply to any family practitioner or specialist who occasionally performs major surgery	80143	8
Surgery - general practice or family practice	80117	5
Surgery - geriatrics	80105	5
Surgery - gynecology	80167	8
Surgery - hand	80169	8
Surgery - head and neck	80170	8
Surgery - laryngology	80106	6
Surgery - neoplastic	80107	5
Surgery - nephrology	80108	5
Surgery - neurology - including child	80152	11
Surgery - obstetrics	80168	10
Surgery - obstetrics - gynecology	80153	10
Surgery - ophthalmology	80114	3
Surgery - orthopedic	80154	9
Surgery - otology	80158	6
Surgery - otorhinolaryngology	80159	6
Surgery - plastic - N.O.C.	80156	8
Surgery - plastic - otorhinolaryngology	80155	8
Surgery - rhinology	80160	6
Surgery - thoracic	80144	9
Surgery - traumatic	80171	9
Surgery - urological	80145	5
Surgery - vascular	80146	9
Urgent Care Physicians - not involving emergency care medicine	80424	2

HCSF RATE CLASSIFICATION NUMBER DESCRIPTIONS FOR HCSF CLASS GROUP 3 (Continued from Page 10)

HCSF Rate
Classification
Number

Description

80292	PATHOLOGY (CLINICAL AND/OR ANATOMICAL) MINOR SURGERY: That branch of medicine which deals with the origin, nature, causes and development of disease. Clinical pathology pertains to the symptoms and cause of a disease as observed by the physician, as opposed to the anatomic changes found by the pathologist.
80293	PEDIATRICS - MINOR SURGERY: If more than 10% of the physician's practice is devoted to patients placed in a Neonatal Intensive Care Unit, or Tertiary Care Unit, this code will apply.
80280	RADIOLOGY - DIAGNOSTIC AND THERAPY - MINOR SURGERY: Includes injection of radiopaque dye into blood vessels, lymphatics, sinus tracts, fistulae, spinal cord or intrathecally for radiologic diagnostic study. All radiological invasive diagnostic procedures are included under this classification, i.e., angiography; arteriography; complete fluoroscopic procedure. This code also applies to any Radiologist who performs radiation therapy. In addition to the procedures previously described, radiation therapy is included, meaning the insertion of irradiated substances, for therapeutic purposes, into the body via natural orifices, or interstitially, (not including irradiated substances administered orally).
80424	URGENT CARE PHYSICIANS: This classification applies to any general practitioner or specialist providing immediate care in an outpatient clinic advertised as urgent care, emergi-care, etc., but not involving emergency practice. Similar practice in a hospital setting or that accepts ambulance service shall be considered emergency medicine.

GUIDELINES FOR CLASSIFICATION INFORMATION RELATED TO HCSF CLASS GROUP 3

NOTE: Any applicant who would ordinarily be classified as Physician - No Surgery, who performs any of the following procedures shall be classified as Physician - Minor Surgery:

- 1 spinal or caudal (coccygeal area) anesthesia;
- 2 protoscopies or sigmoidoscopies for office or hospital outpatient department removal of colon/rectal polyps or for biopsy of other colon/rectal polyps or for biopsy of other colon/rectal tissue; colonoscopies;
- 3 office or hospital outpatient department ligation of internal hemorrhoids;
- 4 office or hospital outpatient surgical treatment of external hemorrhoids;
- 5 all endoscopies;
- 6 exchange transfusions in the newborn, by a pediatrician, exceeding 3, on an average, in a calendar year, would be classified as minor surgery;
- 7 needle biopsy of the prostate (transparietal or via cystoscope), whether or not a "closed" or "open" needle is used, and whether or not the biopsy is a "percutaneous" one;
- 8 computerized tomogram (C-T scans) of the brain – with or without enhancement (using a radiopaque dye); all other scans using radiopaque dyes would also be minor surgical procedures;
- 9 myringotomies (incision of the tympanic membrane, or eardrum) with tubes;
- 10 lymphangiography;
- 11 sialography; (radiographic photograph of a salivary duct);
- 12 radiopaque dye injections into blood vessels, lymphatics, sinus tracts, fistulae, spinal cord or intrathecally (via sheath of a tendon) for radiologic diagnostic study;
- 13 PEG - percutaneous endoscopic gastrostomy;
- 14 percutaneous tracheostomy;
- 15 radiation therapy - the insertion of irradiated substances, for therapeutic purposes, into the body via natural orifices, or interstitially;
- 16 shock therapy - the treatment of certain psychotic disorders by the injection of drugs or by electrical shocks - both methods inducing coma, with or without convulsions, (as previously mentioned "cardioversion" performed in life-threatening situations would not serve to increase a physician's premium classification);
- 17 angiography;
- 18 arteriography;
- 19 phlebography;
- 20 discograms;
- 21 myelography;
- 22 pneumoencephalography;
- 23 fluoroscopy (complete procedure);
- 24 permanent pacemakers - transvenous implantation;
- 25 brain mapping, EEG's, EVOG potentials;
- 26 assisting in major surgery on physicians own patients;
- 27 polypectomy - surgical removal of a polyp;
- 28 subclavian or internal jugular catheterization.

Need Additional Information or Clarification?

Additional information concerning the FY 2009 Health Care Stabilization Fund annual premium surcharge and rating classification system may be found at the HCSF Internet web site at www.hcsf.org. A list of staff members is located on page 2 of this surcharge rating system brochure. At the bottom of page 4 are the fax number, telephone number, and mailing address. The Internet address of the Health Care Stabilization Fund is <http://www.hcsf.org>. *

Contact Information for State Agencies Which License, Certify or Register Kansas Health Care Providers

For Medical Doctors, Doctors of Osteopathic Medicine, Chiropractors, Podiatrists and Dentists who have been certified by the Kansas Board of Healing Arts to administer anesthetics:

Licensing Administrator
Kansas Board of Healing Arts
235 S. Topeka Blvd., Topeka, KS 66603
(785) 296-7413

For Medical Care Facilities (special hospitals, general hospitals, surgical centers or recuperation centers):

Department of Health and Environment
Bureau of Health Facilities
Landon State Office Building, Suite 1001
900 SW Jackson, Topeka, KS 66612-1290
(785) 296-1240

For Registered Nurse Anesthetists:

Board of Nursing
Landon State Office Building, 10th Floor
900 SW Jackson, Room 5515, Topeka, KS 66612-1230
(785) 296-4929

For Mental Health Centers & Clinics:

Department of SRS
Health Care Policy Division
Docking State Office Building
915 SW Harrison, Room 603N, Topeka, KS 66612
(785) 296-3773

For health care provider Professional Corporations, Limited Liability Corporations and Not-For-Profit Corporations. (NOTE: Be sure to carefully review the specific definitions of the kinds of corporations that are included in subsection (f) of K.S.A. 40-3401. If additional assistance is needed, please contact the Fund.)

Deputy Assistant Secretary of State
Corporations Division
120 SW 10th Avenue
Topeka, KS 66612
(785) 296-4564

REQUEST TO DECREASE HEALTH CARE STABILIZATION FUND COVERAGE LIMITS

ANY HEALTH CARE PROVIDER WISHING TO DECREASE THEIR PREVIOUSLY SELECTED HEALTH CARE STABILIZATION FUND COVERAGE LIMITS MUST COMPLETE THIS FORM AND SUBMIT IT TO THE FUND OFFICE BY FACSIMILE OR U.S. MAIL (ADDRESSES ARE SHOWN AT THE BOTTOM OF THIS FORM).

Section I - Health Care Provider Information

- A. Your Full Name: _____, _____, _____
LAST NAME or ENTITY NAME FIRST NAME MIDDLE INITIAL
- B. Residence Address: _____ Telephone No.: _____
LEGAL RESIDENT ADDRESS
- C. City, State and Zip Code: _____, _____, _____
CITY STATE ZIP CODE
- D. Your Health Care Provider Professional Designation (M.D., D.O., RNA, Hospital, etc): _____
- E. Your Health Care Provider License, Registration or Certification Number: _____
- F. Name Of Your Insurance Company: _____
- G. Name Of Your Insurance Agent: _____

Section II - Request Decrease In My Existing Health Care Stabilization Fund Coverage Limits

- A. My **PRESENT** Fund coverage limits are: \$300,000/\$900,000 **OR** \$800,000/\$2,400,000
- B. I am requesting the **LOWER** Fund coverage limits of: \$100,000/\$300,000 **OR** \$300,000/\$900,000
- C. I am requesting this decrease in Fund coverage limits for the following reason(s) (if necessary use additional paper):

- D. I am requesting that the lower limits be made effective on:
 - Date of Board approval.
 - OR** Date subsequent to Board approval, which is: _____, _____, _____
MONTH DATE YEAR

E. I understand that the lower Fund coverage limits will become effective on the date I have requested, unless otherwise notified by the Fund. I also understand that changes in Fund coverage apply only to incidents which occur after the effective date of the change in limits.

F. I hereby authorize the Fund to make the necessary adjustments to my Fund surcharge payment and refund any overpayment with appropriate explanations to: Myself **OR** The party indicated below:

Name: _____
 Address: _____

 DATE SIGNED

 SIGNATURE OF HEALTH CARE PROVIDER -- REQUIRED

HEALTH CARE STABILIZATION FUND OFFICE ADDRESS: 300 SW 8TH AVENUE, 2ND FLOOR, TOPEKA, KANSAS 66603
 TELEPHONE: 785-291-3777 FACSIMILE: 785-291-3550

You should expect some form of written confirmation of your request within one week of the date submitted.

Fund Surcharge Rating System Agreement For Doctors Entering Private Practice After Completing A Kansas Postgraduate Training Program And Who Participated In Outside "Moonlighting" Activities	
This is a voluntary agreement to acquire the lowest possible Health Care Stabilization Fund surcharge cost when entering private practice.	Signing this agreement will require the health care provider to attain five years of Health Care Stabilization Fund private practice compliance before becoming eligible for the Fund's inactive health care provider continuing coverage ("tail") without an additional surcharge payment.
<p>I, _____, hereby request that any periods during _____</p> <p style="text-align: center; font-size: small;">(Print or type the name of the health care provider.)</p> <p>which I engaged in outside moonlighting activities while I participated in an approved postgraduate training program and complied with the Health Care Stabilization Fund are not considered when determining my initial private practice Health Care Stabilization Fund surcharge payment. I further understand that only those Health Care Stabilization Fund compliance periods subsequent to my completion of the approved postgraduate training program will count toward the five year Fund compliance required to be eligible for the continuing coverage ("tail") of the Fund.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <p>_____</p> <p>Date Signed</p> </div> <div style="width: 45%; text-align: center;"> <p>_____</p> <p>Signature of Health Care Provider</p> </div> </div>	

This Agreement Form is to be completed and attached to the initial private practice Notice of Basic Coverage Form of the applicable health care provider.

KANSAS HEALTH CARE STABILIZATION FUND NOTICE OF BASIC COVERAGE FORM (5/1/08)

The insurance company is required to forward this completed form and HCSF surcharge payment to the Kansas Health Care Stabilization Fund Board of Governors within thirty days of the date the insurer receives the basic coverage premium. A copy of this completed form must also be furnished to the health care provider.

FOR HCSF USE ONLY

SECTION I Individual Health Care Provider's Name, designation of M.D., D.O., D.C., D.P.M. or R.N.A. or the name of the health care provider entity (professional association, partnership, hospital or other health care provider organization).

Health Care Provider's Name _____ Provider's Group Name: _____
LAST NAME (OR FULL NAME OF HEALTH CARE PROVIDER ENTITY), FIRST NAME, MIDDLE INITIAL AND PROFESSIONAL DESIGNATION

Resident Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Business Address Of Health Care Provider: _____

SECTION II For Health Care Providers WHO HAVE PREVIOUSLY SELECTED THEIR HEALTH CARE STABILIZATION FUND COVERAGE LIMITS. The previously selected Fund Coverage limits are:

\$100,000/\$300,000 \$300,000/\$900,000 \$800,000/\$2,400,000

NOTE: NO CHANGES TO FUND LIMITS MAY BE MADE USING THIS FORM. ALL CHANGES MUST BE APPROVED BY THE BOARD OF GOVERNORS. CONTACT THE HCSF OFFICE FOR THE NECESSARY DOCUMENTS.

SECTION III For **NEW** Health Care Providers Only. Check one of the following Health Care Stabilization Fund Coverage limits, enter the date signed, completing this section with your signature:

\$100,000/\$300,000 \$300,000/\$900,000 \$800,000/\$2,400,000

DATE SIGNED _____ SIGNATURE OF HEALTH CARE PROVIDER _____

SECTION IV Insurance Policy Information And Health Care Stabilization Fund Surcharge Payment

Insurance Policy Information And Health Care Stabilization Fund Surcharge Payment					For Fund Classes 1 to 14	For Fund Classes 15 to 21	
HCSF Rate Classification Number	Provider's License, Registration or Certification Number	Basic Coverage Premium Amount	Number of Fund Compliance Years	HCSF Class Group No.	HCSF Surcharge Payment From Rate Tables	HCSF Surcharge %	HCSF % Based Surcharge Payment

ENTER NAME OF INSURANCE COMPANY _____

NAME OF INSURANCE AGENT OR COMPANY REPRESENTATIVE _____

TELEPHONE NUMBER AND E'MAIL ADDRESS OF INSURANCE AGENT OR COMPANY REPRESENTATIVE _____

THE PUBLISHED SURCHARGE RATE FOR FUND CLASSES 1 TO 15 WAS MODIFIED BECAUSE THIS HEALTH CARE PROVIDER WAS ISSUED A BASIC PROFESSIONAL LIABILITY INSURANCE POLICY THAT WAS:

FOR LESS THAN ONE YEAR AND THE SURCHARGE PAYMENT WAS PRORATED. THE PRORATA FACTOR USED WAS: _____

SUBJECT TO A PART-TIME PRACTICE CREDIT RATING RULE APPROVED FOR USE BY THE BASIC PROFESSIONAL LIABILITY INSURER. THE PART-TIME FACTOR USED WAS: _____

THIS KANSAS RESIDENT HEALTH CARE PROVIDER IS LICENSED AND PRACTICES IN MISSOURI: YES NO

Type Of Basic Coverage Professional Liability Policy

Occurrence Claims Made

FOR HCSF USE ONLY

Policy Number: _____

Inception Date: _____
OF THE BASIC PROFESSIONAL LIABILITY INSURANCE POLICY PERIOD

Coverage Effective Date: _____
ENTER DATE THIS HEALTH CARE PROVIDER WAS ADDED TO AN EXISTING POLICY PERIOD

Expiration Date: _____
OF THE BASIC PROFESSIONAL LIABILITY INSURANCE POLICY PERIOD

Notice to Health Care Provider: If you should discontinue your basic professional liability insurance policy because you are no longer rendering professional services as a Kansas resident health care provider, you should immediately contact the Kansas Health Care Stabilization Fund Board of Governors and request information regarding the availability of the Health Care Stabilization Fund's continuing coverage for inactive health care providers.

KANSAS HEALTH CARE STABILIZATION FUND NOTICE OF BASIC COVERAGE FORM (5/1/08)

The insurance company is required to forward this completed form and HCSF surcharge payment to the Kansas Health Care Stabilization Fund Board of Governors within thirty days of the date the insurer receives the basic coverage premium. A copy of this completed form must also be furnished to the health care provider.

FOR HCSF USE ONLY

SECTION I Individual Health Care Provider's Name, designation of M.D., D.O., D.C., D.P.M. or R.N.A. or the name of the health care provider entity (professional association, partnership, hospital or other health care provider organization).

Health Care Provider's Name: _____
LAST NAME (OR FULL NAME OF HEALTH CARE PROVIDER ENTITY), FIRST NAME, MIDDLE INITIAL AND PROFESSIONAL DESIGNATION

Provider's Group Name: _____

Resident Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Business Address Of Health Care Provider: _____

SECTION II For Health Care Providers WHO HAVE PREVIOUSLY SELECTED THEIR HEALTH CARE STABILIZATION FUND COVERAGE LIMITS. The previously selected Fund Coverage limits are:

\$100,000/\$300,000
 \$300,000/\$900,000
 \$800,000/\$2,400,000

NOTE: NO CHANGES TO FUND LIMITS MAY BE MADE USING THIS FORM. ALL CHANGES MUST BE APPROVED BY THE BOARD OF GOVERNORS. CONTACT THE HCSF OFFICE FOR THE NECESSARY DOCUMENTS.

SECTION III For **NEW** Health Care Providers Only. Check one of the following Health Care Stabilization Fund Coverage limits, enter the date signed, completing this section with your signature:

\$100,000/\$300,000
 \$300,000/\$900,000
 \$800,000/\$2,400,000

DATE SIGNED _____ SIGNATURE OF HEALTH CARE PROVIDER _____

SECTION IV Insurance Policy Information And Health Care Stabilization Fund Surcharge Payment

Insurance Policy Information And Health Care Stabilization Fund Surcharge Payment					For Fund Classes 1 to 14	For Fund Classes 15 to 21	
HCSF Rate Classification Number	Provider's License, Registration or Certification Number	Basic Coverage Premium Amount	Number of Fund Compliance Years	HCSF Class Group No.	HCSF Surcharge Payment From Rate Tables	HCSF Surcharge %	HCSF % Based Surcharge Payment
NAME OF INSURANCE COMPANY _____ NAME OF INSURANCE AGENT OR COMPANY REPRESENTATIVE _____ TELEPHONE NUMBER AND E'MAIL ADDRESS OF INSURANCE AGENT OR COMPANY REPRESENTATIVE _____					The published HCSF surcharge for Fund classes 1 to 15 was modified because this health care provider was issued a basic professional liability insurance policy that was: <input type="checkbox"/> FOR LESS THAN ONE YEAR AND THE SURCHARGE PAYMENT WAS PRORATED. THE PRORATA FACTOR USED WAS _____ <input type="checkbox"/> SUBJECT TO A PART-TIME PRACTICE CREDIT RATING RULE APPROVED FOR USE BY THE BASIC PROFESSIONAL LIABILITY INSURER. THE PART-TIME FACTOR USED WAS _____ <input type="checkbox"/> THIS KANSAS RESIDENT HEALTH CARE PROVIDER HAS AN ACTIVE MISSOURI LICENSE AND THE 25% MODIFICATION FACTOR WAS INCLUDED IN THE ABOVE SURCHARGE.		

Type of Basic Coverage Professional Liability Policy

Policy Number: _____

Occurrence Claims Made

Inception Date: _____
OF THE BASIC PROFESSIONAL LIABILITY INSURANCE POLICY PERIOD

Coverage Effective Date: _____
ENTER DATE THIS HEALTH CARE PROVIDER WAS ADDED TO AN EXISTING POLICY PERIOD

Expiration Date: _____
OF THE BASIC PROFESSIONAL LIABILITY INSURANCE POLICY PERIOD

FOR HCSF USE ONLY

Notice to Health Care Provider: If you should discontinue your basic professional liability insurance policy because you are no longer rendering professional services as a Kansas resident health care provider, you should immediately contact the Kansas Health Care Stabilization Fund Board of Governors and request information regarding the availability of the Health Care Stabilization Fund's continuing coverage for inactive health care providers.

The Kansas Health Care Stabilization Fund

HELPFUL INFORMATION FOR COMPLETING AND SUBMITTING THE HEALTH CARE STABILIZATION FUND REFUND REQUEST FORM

IMPORTANT

Information, guidelines and other explanations of the Health Care Provider Insurance Availability Act, K.S.A. 40- 3401 et. seq, provided in this brochure are intended to assist insurers and others in gaining a general non-technical understanding of only certain portions of the Fund law. This brochure and its contents are not intended to alter or replace the statutory requirements or any court decision regarding the Fund law or the administration of any of the requirements of that law.

The refund request form on page 2 is self explanatory. We are furnishing the following suggestions and information which may be of assistance when you are seeking a return or refund of Health Care Stabilization Fund surcharge payments due to overpayment, a mid-coverage period cancellation or termination, lower rating classification change or other situation for which you believe you may be eligible to receive a surcharge refund.

- Surcharge payments are considered to be those of the individual health care provider. If you are not the individual health care provider but are seeking the return or refund of a surcharge amount, you must complete the information in the box at the bottom of the form.
- We need the federal taxpayer identification number or social security number of the person that will be the payee on the refund check. If this information is not provided our accounting personnel may need to call you for this information and your refund may be delayed.
- The State of Kansas does withhold any refund amount if other amounts are owed to the State of Kansas. This is the policy of the State of Kansas, not the Health Care Stabilization Fund.
- Often we will receive a refund request before we have received the coverage documentation and original surcharge payment. In many situations, such as a termination or rating classification change, we need to have the additional documentation submitted to us by the insurance company. When we are aware of situations that will delay the refund, we will try to advise you that there is a problem and what action we have taken to resolve that problem.
- After being received in our office, refunds are processed in about three weeks IF the form is properly completed and IF we have all of the supporting documents. (Supporting documents can include: the original coverage document and surcharge payment; a mid-term termination or cancellation notice from the insurance company; a rate classification change document from the insurance company; or, a corrected Notice of Basic Coverage Form from the insurance company.)
- Refund requests without the above information may take several additional weeks. We will try to obtain the needed material in a timely manner.

If You Have Questions or Need Additional Assistance: Please contact the Fund office for any additional assistance you may feel is needed.



FACSIMILE
785-291-3550

INTERNET
www.hcsf.org



TELEPHONE
785-291-3777



MAIL
Health Care Stabilization Fund
300 SW 8th Ave, 2nd Floor
Topeka, KS 66603-3912



HEALTH CARE STABILIZATION FUND REFUND REQUEST FORM

WHEN COMPLETED MAIL TO: KANSAS HEALTH CARE STABILIZATION FUND, 300 S.W. 8th Avenue, 2nd Floor, Topeka, KS 6603-3912

Name of Health Care Provider ID# License Number

Address of Health Care Provider Telephone Number

City State Zip Code Federal Tax Payer ID# or Social Security Number
(This information is needed to complete the refund)

INFORMATION FOR PROFESSIONAL LIABILITY POLICY REQUIRING REFUND:

1. Name of Insurance Company: _____

2. Policy Number: _____

3. Inception Date: _____ Expiration Date: _____

4. Date of Midterm Termination or Change: _____

5. Reason For Refund Request: _____

6. Original Premium Amount: \$ _____

7. Original Surcharge Amount: \$ _____

8. Revised Premium Amount: \$ _____

9. Revised Surcharge Amount: \$ _____

10. Refund Amount (Due to Overpayment, Cancellation, or Class Code Change): \$ _____

11. Premium/Surcharge was financed through: _____
(Name of Finance Company)

Signature of health care provider: _____ **Date:** _____
This signature is required for refund requests that are being made by the individual health care provider.

Complete this section for a refund that is to be sent to a person/organization other than the health care provider.

Name: _____ Federal Tax Payer ID # _____
Or Social Security # _____ (This information is needed to complete the refund)

Address: _____ City _____ ST _____ Zip _____

I agree to hold the Board of Governors and the Health Care Stabilization Fund harmless should the insured health care provider make the same request.

Signature of person making this request: _____ Date: _____
(IN THE SPACE BELOW, PLEASE TYPE OR PRINT THE NAME OF PERSON SIGNING THIS REQUEST)