

Kansas Health Care Stabilization Fund

Premium Surcharge and Rating Classification System

Effective January 1, 2018

Introduction

The Health Care Stabilization Fund (HCSF) was created by the Kansas Legislature in 1976 as an essential part of the Health Care Provider Insurance Availability Act. The HCSF (Fund) provides coverage that supplements professional liability insurance purchased by health care providers.

The HCSF Board of Governors is an agency of the State of Kansas. The HCSF Board of Governors does not issue insurance policies or contracts. Professional liability coverage is governed by the statutory provisions in the Health Care Provider Insurance Availability Act.

Surcharge Rates

The HCSF Board of Governors has a statutory duty to "levy an annual premium surcharge on each health care provider." In recent years the Board has made surcharge decisions several months in advance of the calendar year in order to give primary insurers more time to prepare for changes.

The surcharge rates are published in the form of a bulletin that can be downloaded from the HCSF website. The URL is <https://hcsf.kansas.gov/news/> or you can request the rates in portable document format by sending an e-mail to hcsf@ks.gov. The surcharge rates may change from year to year, but these instructions will remain substantially the same.

The Notice of Basic Coverage

General Instructions

The Availability Act requires that insurers notify the Board of Governors when a professional liability policy is issued to a Kansas resident health care provider. All health care provider facilities licensed to operate in the State of Kansas are resident health care providers, as are health care provider professionals whose legal residence is in Kansas.

A copy of the updated Notice of Basic Coverage form is appended to this document. There is an easy-to-use version of the NBC available at the HCSF website <https://hcsf.kansas.gov/>.

Select either "For Providers" or "For Insurers" and then select "Forms." The downloadable portable document version of the NBC can be completed on a computer and can then be printed for the health care provider's signature. A certified digital signature is acceptable.

Whether using a traditional paper NBC or one of the convenient web-based versions, accuracy and completeness will avoid delays. If the essential information is not provided, the NBC will be returned to the insurer for completion.

NBC Section I

Correct spelling of a health care provider's full name is of course important, particularly if the notice of basic coverage is the first one for the health care provider. If the health care provider is a facility or business, it is important to indicate the name identified on the license or in the articles of incorporation; in other words, indicate the legal name of the health care provider.

If a health care provider lives in Kansas but practices in another state, the Kansas residence address must be submitted and must be accurate.

The legal domicile is extremely important because the statutory coverage for Kansas residents differs from statutory coverage for non-residents.

An office mailing address or a post office box number will not suffice. If the health care provider is a facility, the address on the facility's license should be indicated on the NBC. Similarly, if a health care provider business entity is incorporated in Kansas, but has a place of business in another state, it is imperative that the Kansas address be submitted.

NBC Section II

The Health Care Provider Insurance Availability Act requires each health care provider to choose one of three levels of HCSF supplemental professional liability coverage. It is important to note that some health care plans require minimum levels of coverage as a condition of participation, and many medical care facilities require minimum levels of coverage as a condition of staff privileges. The health care provider should make a well-informed decision when choosing the preferred level of HCSF coverage. To assure that the health care provider has acknowledged the level of coverage, a signature is required on the first Notice of Basic Coverage.

Specific permission from the HCSF Board of Governors is required in order to increase the HCSF level of coverage. For this reason, the NBC form cannot be used to increase HCSF coverage. If the health care provider is currently in compliance, upon renewal it is important to indicate the existing level of coverage. When renewing HCSF compliance, the health care provider's signature is not required. If a health care provider wishes to increase the level of HCSF supplemental coverage, a request form can be completed and submitted to the Board of Governors. The form is available at the HCSF website or upon request.

NBC Section III

The HCSF Board of Governors relies on primary insurers to determine the appropriate risk category of health care providers. The following general guidelines are provided for Section III of the NBC:

1. If the health care provider is a D.O. or an M.D., enter the correct Health Care Stabilization Fund **Rate Classification Number** selected from the list on pages 4 - 6.

2. Enter the provider's complete **license number** which often includes a prefix and hyphen. If the health care provider is not licensed (for example, a professional corporation) use the provider's federal taxpayer identification number in lieu of a license number.

3. Enter the provider's basic insurance policy **premium amount**. Normally this amount will be the annual premium determined in accordance with rates and rating factors approved by the Kansas Insurance Department, absent any credits or discounts for policy deductibles. If the policy is for less than 365 days or is a part-time policy, this amount should be the actual premium rather than the annual premium.

4. Enter the applicable HCSF **Class Group Number**. These codes are found on page 8.

5. Enter the appropriate Fund **compliance year**. For all HCSF Classification 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 insured by the insurance company. The insurer's retroactive date is not necessarily the original date of compliance with the Fund. The only compliance period to be excluded is the time spent in a postgraduate training program.

Residents in training are self-insured by the State of Kansas under a unique statutory arrangement. On the other hand, some residents purchase a separate insurance policy to cover their liability exposure resulting from employment in an extracurricular position during residency training ("moonlighting").

If the moonlighting resident was insured under an occurrence policy, the physician's surcharge should be calculated based on the HCSF first year rate. On the other hand, if the moonlighting resident was insured under a claims-made policy, the compliance period should be taken into account.

Compliance periods for full-time physician faculty members who were employed by a Faculty Foundation affiliated with the University of Kansas Medical Center should be counted toward the physician's total compliance time. If you are unsure about the length of time a provider has been in compliance with the Fund, please contact this office by sending an email message to hcsf@ks.gov.

6. Enter the annual **HCSF surcharge**. The **minimum** surcharge is **\$100.00**. For providers in HCSF Class Groups 1 through 14, this amount is determined by: (1) the level of coverage selected by the health care provider, (2) the HCSF Class Group Number for the health care provider, and (3) the year of HCSF compliance. For HCSF Class Group Numbers 15 through 24, the surcharge is a percentage of the provider's basic coverage premium amount. The percentage should be indicated in the HCSF surcharge percentage box and be used to calculate the HCSF surcharge payment, to be indicated in the box immediately to the right of the percentage box. *Review instruction number seven before entering the amount.*

7. There are very few acceptable reasons to adjust the amount of the HCSF surcharge calculation.

a. If the health care provider is classified in one of the groups 1-14 and the basic policy is issued for only part of a year, the annual HCSF surcharge may be prorated. If, however, the health care provider is classified in one of the groups 15-24, and the premium indicated is for only part of a policy year, 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.

(Continued on page 3)

b. The policy may be for a unique part-time practice. If the health care provider is no longer practicing full time (for example, teaching at a university half time and practicing medicine or surgery half time) and the insurer has agreed to issue a part-time policy and charge a reduced premium, the HCSF surcharge may be adjusted commensurately. This does not apply to health care providers who practice in Kansas part-time and practice in another state part-time. Contact the HCSF Compliance Section to discuss part-time insurance policies.

c. The Missouri Modification Factor may be applicable. It applies to all health care providers, including entities, residing in Kansas who have an active license to render professional services in Missouri. Check the box if applicable and add the additional 30% Missouri rate modification amount to the calculated Fund surcharge. If a

health care provider is licensed to practice in Missouri, but is no longer actively practicing in Missouri, he or she may convert the Missouri license to inactive until he or she wishes to resume rendering services in Missouri. The modification is not required if the Missouri license is inactive.

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 e-mail address should also be indicated.

If you have any questions regarding these instructions or need assistance with other issues regarding the NBC Form or HCSF surcharge rates, please contact the HCSF office. You may send an email message to hcsf@ks.gov or call (785) 291-3777.

Electronic Compliance Form

There is also an electronic compliance option available at the HCSF website, <https://hcsf.kansas.gov/>. On the home page, select either "For Providers" or "For Insurers" and then select "On-Line Compliance Link." After reading the introduction, select "Compliance E-Form." The electronic compliance form accommodates both resident and non-resident health care providers as well as health care provider facilities. For that reason, some of the fields may not always be applicable. For example, either 2a (the profession) or 2b (the type of facility or entity) must be entered, but never both.

An accurate, complete Kansas license number must be entered in the appropriate field because the license number is the key field in the HCSF database. This usually includes a prefix and hyphen. If the

health care provider is already in compliance and the NBC is simply for renewal of coverage, several of the fields in the form will automatically populate after the correctly formatted license number is entered. If any of the information in those populated fields is outdated or incorrect, the information must be deleted and replaced. The HCSF staff will be alerted that a change has been submitted.

The e-compliance form may be printed for record-keeping and then it can be submitted directly to the HCSF electronically. Payment may also be made electronically using the separate state KanPay system. The convenience fee for a credit card payment is generally more expensive than an electronic transfer directly from a bank account (e-check).

HCSF Coverage Limits

The Health Care Provider Insurance Availability Act allows the health care provider to choose one of three levels of HCSF coverage. The selected level of coverage becomes the limit of HCSF liability in the event of a claim against the health care provider. The options are: (1) \$100,000 per claim subject to \$300,000 annual aggregate limit, (2) \$300,000 per claim subject to \$900,000 annual aggregate limit, or (3) \$800,000 per claim subject to \$2,400,000 annual aggregate limit. Choosing the appropriate coverage option is very important.

As noted under "NBC Section II," the Notice of Basic Coverage form cannot be used for purposes of increasing HCSF coverage limits, but it may be used to reduce HCSF coverage limits. If the NBC reflects coverage limits lower than those already in effect, the NBC must be signed by the health care provider. If the health care provider wishes to increase HCSF coverage limits, a separate request form must be completed and must be submitted to the HCSF Board of Governors for consideration.

The forms may be downloaded from the website or may be requested via e-mail message addressed to hcsf@ks.gov.

The HCSF Classification System

The statutory definition of health care provider includes most doctors (physicians, chiropractors, and podiatrists) and physician assistants. It also includes registered nurse anesthetists, advanced practice nurse-midwives, and a few dentists who are certified by the Board of Healing Arts to administer anesthesia. The definition also includes hospitals, ambulatory surgery centers, community mental health centers, assisted living facilities, nursing facilities, and residential health care facilities. Optometrists, pharmacists, and physical therapists

are listed in the statutory definition, but they are no longer required to comply with the Health Care Provider Insurance Availability Act.

The definition also includes certain professional corporations and limited liability companies that are organized by health care providers for the purpose of providing health care services. A detailed description of the HCSF classification groups follows on the next few pages and a summary is listed on page 8.

HCSF Rate Classification Numbers and Corresponding Classification Groups

<u>Description</u>	<u>HCSF Rate Classification Number</u>	<u>HCSF Class Group Number</u>
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 obstetrics, but 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

Description	HCSF Rate Classification Number	HCSF Class Group Number
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
Occupational Medicine	80233	2
Ophthalmology - minor surgery	80289	3
Ophthalmology - no surgery	80263	2
Otology - no surgery	80264	2
Otorhinolaryngology - no surgery	80265	2
Otology - minor surgery	80290	3
Otorhinolaryngology - minor surgery	80291	3
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	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

Description	HCSF Rate Classification Number	HCSF Class Group Number
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

Detailed Instructions for HCSF Classification Group 3

HCSF Rate Classification Number	Description
80281	Cardiovascular Disease – Minor Surgery: Cardiologists not engaging in major surgery may qualify under this code if the following are performed: 1) left heart catheterizations; 2) insertion of permanent pacemakers - if by implantation via transvenous endocardial insertion.
80282	Dermatology: Minor Surgery includes: 1) Dermabrasion: Removal of the external layers of the skin by abrasion. 2) Hair Transplants. 3) Chemabrasion: Removal of the external layers of the skin by chemical means. 4) Deep x-ray therapy. 5) Silicone injections.
80272	Endocrinology: That branch of medicine which deals with the endocrine (ductless) glands (such as the thyroid, adrenal and pituitary, etc., glands) and with the various internal secretions. Surgical removal of a ductless gland (e.g., thyroidectomy) would be surgery performed by a major surgical specialist.
80294	Physicians - Minor Surgery, Family Practice and General Practice - Minor Surgery: Includes minor surgical procedures such as D&C's and vasectomies.
80274	Gastroenterology - Minor Surgery: Procedures include colonoscopic and other endoscopic examinations as well as "needle" and "forceps" biopsies and snare polypectomies.
80276	Geriatrics - Minor Surgery: Some commonly related minor surgical procedures include: 1) Needle biopsies (NOTE: See "Classification by Procedures."). 2) Myelography and encephalography. 3) Radiopaque dye injections for radiological study purposes.
80277	Gynecology - Minor Surgery: Includes minor surgery such as: 1) Conization 2) Laser surgery 3) LEEP 4) Hysteroscopy
80284	Internal Medicine - Minor Surgery: In addition to the procedures described under "INTERNAL MEDICINE - NO SURGERY." Includes minor surgical procedures such as: 1) All endoscopic examinations. 2) Radiopaque dye injections for scans or other radiographic study purposes. 3) Implantation of <u>transvenous</u> pacemakers. COLON-RECTAL (PROCTOLOGY): Minor surgery includes office or hospital outpatient procedures, such as: 1) Surgical or other removal of polyps. If due to size, location, or for other reasons (suspected or confirmed malignancy) the surgical removal of the polyps is done "inpatient", such surgery is considered major surgery. Polyps are nodules or neoplastic (new growth) tissue found on mucous membranes of the nose, bladder, stomach, large intestine, anus and rectum; 2) Surgical treatment of external hemorrhoids (those outside the anal sphincter). <u>NOTE</u> : Surgical treatment of fissures and/or fistulae would be major surgery. 3) Biopsies.
80285	Laryngology - Minor Surgery: Includes office and hospital outpatient department minor surgery, including pneumatic or mechanical esophageal dilation, <u>not</u> including tonsillectomies or adenoidectomies which are major surgery.
80286	Neoplastic Diseases - Minor Surgery: Related office and/or hospital outpatient department minor surgical procedures, such as surgical or other (via electro-cautery or fulguration removal) of polyps are included.

- 80288 Neurology - Minor Surgery: Minor surgical procedures include:
 1) Myelograms.
 2) Injection of radiopaque dyes for radiologic study purposes.
 3) Encephalograms.
 4) Computerized tomograms of the brain, with or without contrast enhancement (C-T scans).
- 80114 Surgery - Ophthalmology: Minor Surgical procedures include office or hospital outpatient department such as: a) Incision and drainage of internal hordeolum (styes); b) Excision of large cysts (larce chalazia, etc.); c) Lacrimal (tear) duct surgery; d) Eyelid surgery-necessarily done in treatment of disease or defect, not intended as plastic cosmetic (blepharoplasty). In addition to the procedures previously described, also includes major surgical procedures such as: 1) Enucleation (removal of the eye from its socket), 2) Re-attachment of detached retinas, 3) Cataract removal, 4) Intra-ocular lens implantations, 5) Eye muscle surgery, 6) Removal of embedded foreign objects, 7) Corneal transplants, 8) Other intra-ocular surgery, or 9) Radial keratotomy.
- 80290, 80270, 80285 and 80291 Otolaryngology/Rhinology/Laryngology/Otorhinolaryngology - Minor Surgery: Minor surgical procedures include office or hospital outpatient department procedures such as myringotomies - incision of the tympanic membrane with tubes, as well as removal of polyps (otopolypus). Also includes office or hospital outpatient department procedures such as:
 1) Corrective surgery for deviation of the septum. (Where the deviation requires inpatient surgery, a major surgical specialist code applies).
 2) Surgical removal of benign tumors such as nasal polyps, warts and/or small blood vessel tumors known as hemangiomas.
 NOTE: The following are included under procedures performed by a major surgical specialist:
 1) Surgical treatment of cancer of the nose and sinuses.
 2) Treatment of nasal fractures with marked displacement and deformity.
- 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.

Additional Guidelines Related to HCSF Classification Group 3

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

- 1 spinal or caudal (coccygeal area) anesthesia;
- 2 proctoscopies 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 (transperietal 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.

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

Summary of HCSF Surcharge Procedures	
	For guidance or assistance, send a question to hcsf@ks.gov or call 785 291 3777
1.	Identify Fund Coverage Limits: This will determine which one of the three surcharge rate tables should be used. 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 be increased only by submitting a signed Request For Increased Coverage Limits Application to the Fund Board of Governors.</i>
2.	Determine Appropriate HCSF Classification Group: This will be one of the 24 categories listed in the surcharge rate table.
3.	Determine the Number of HCSF Compliance Years: Calculate the number of years the health care provider has been rendering professional services in Kansas and has been in compliance with the Health Care Provider Insurance Availability Act (not including time spent in postgraduate training programs that are self-insured by the State of Kansas). The HCSF Compliance Section staff can provide this information.
4.	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 are somewhat unique. <ul style="list-style-type: none"> a. If the resident was insured under an occurrence policy, the moonlighting year or years are not taken into account and the physician’s surcharge is based on the first year of compliance. b. If the resident was insured under a claims-made policy, the moonlighting year or years are taken into account and the physician’s surcharge is based on the second or subsequent year of compliance.
5.	Determine the Annual Premium Surcharge Amount: Surcharge rates for classification groups 1 – 14 are specific dollar amounts depending on the level of HCSF coverage selected by the health care provider. These dollar amounts increase each year of compliance as the health care provider’s liability accrues until the fifth year. Surcharge rates for classification groups 15 – 24 also vary based on the level of HCSF coverage selected. Because commercial insurers normally increase their premiums annually until the fifth year, the actual surcharge payment will also increase even though the percentage rate is the same for each year of compliance.
6.	Modification of the Annual Premium Surcharge Amount is permitted for the following reasons only: <ul style="list-style-type: none"> a. 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 based on a 366 day leap-year. Round the ratio to the nearest whole percent. b. Part-time practice adjustments may be applied to the annual dollar surcharge rates only when there are unique circumstances and the basic professional liability insurance company has issued a part-time policy. This does not apply to health care providers who practice in more than one state. c. Missouri Modification Factor, Applicable to All Fund Class Groups: An additional surcharge amount equal to 30% of the annual dollar surcharge rate shall be added to the surcharge payment of the Kansas resident health care provider who has an active license (registered, etc.) to provide professional services in Missouri. This includes Kansas health care provider business entities rendering 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. The surcharge should not be adjusted because the health care provider practices in Kansas part time and practices in another state part time.</p>
7.	Rounding Rule for All Surcharge Payments: All surcharge payments must 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.
8.	Minimum \$100 Fund Surcharge Payment Per Compliance Period is 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.
9.	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.