

As you leave training, you will need to provide evidence of previous professional liability insurance coverage and, more often than not, a claims history report (also known as a “loss run” report). The information included below is intended to help you answer questions regarding your insurance coverage while a resident or fellow at the University of Kansas Medical Center (“KUMC”), complete licensure applications, and request insurance verification/claims history letters from the Office of the General Counsel.

### **Brief Overview of Professional Liability Insurance for Residents/Fellows at KUMC**

As a resident or fellow at KUMC, you are covered through the Kansas Health Care Stabilization Fund (the “HCSF”) and not a commercial carrier. The following is information regarding your coverage:

<b>Carrier:</b>	Kansas Health Care Stabilization Fund (pursuant to K.S.A. § 40-3401, <u>et seq.</u> )
<b>Carrier’s Address:</b>	300 SW 8th Ave., 2nd Floor Topeka, KS 66603-3912
<b>Carrier’s Contact Info:</b>	Phone: (785) 291-3777; Fax: (785) 291-3550; Email: <a href="mailto:hcsf@hcsf.org">hcsf@hcsf.org</a>
<b>Policy #:</b>	No policy number; State self-insurance
<b>Policy Limits:</b>	Total coverage limits: \$1,000,000.00 per claim/\$3,000,000.00 aggregate. Primary coverage of \$200,000.00 per claim and \$600,000.00 aggregate through a State self-insurance program and excess coverage \$800,000.00 per claim and \$2,400,000.00 aggregate through the HCSF.
<b>Type of Coverage:</b>	Statutory (identified as neither “claims-made” or “occurrence” by the HCSF). The coverage is more similar to occurrence based because you are covered for any claims arising out of your training no matter when they are brought.
<b>Effective Dates:</b>	The dates in which you were enrolled in your residency program at KUMC and employed by the University of Kansas Medical Center.

### **Frequently Asked Questions:**

1. How can I request an insurance verification/claims history letter from the Office of the General Counsel?

Before requesting a letter yourself, check with the hospital, clinic or professional practice group at which you’re applying for privileges. Often, they request these letters for you. If you find that you need to provide one yourself, please email Patrick Phillips at [pPhillips2@kumc.edu](mailto:pPhillips2@kumc.edu). You may also need to provide a letter yourself in the event that you’re applying for new professional liability insurance or applying for a medical license in another state. If you’re requesting your claims history report (in addition to insurance verification), you’ll need to complete a release of information form. Patrick will send this release to you via email or fax upon receiving your request. (Our fax number is 913-945-5866)

2. What do I do if I’m asked to produce an insurance “face sheet”?

The HCSF does not, like other insurance companies, provide “face sheets” for their insurance coverage. Notices of Basic Coverage are sent from KUMC’s Graduate Medical Education and General Counsel’s Office to the HCSF and they keep Certifications of Compliance on file. When you (or your employer) submit(s) a request for insurance verification/claims history to the Office of the General Counsel, you/they will receive a signed letter from the Risk Manager on General Counsel letterhead confirming insurance/claims history details. This serves as a “face sheet.”

3. I’m applying for a license using an online application form. It won’t let me proceed without filling in the policy number field. What should I do?

For its own online application for permanent licensure, the Kansas Board of Healing Arts recommends that you enter “Selfinsured” or “Selfinsured1,” which would provide the requisite letters/numbers to complete the field and move forward. If applying for a license in another state and you run into this problem, you will want to check with the licensing organization to find out what to enter in this field.