***NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.***

# HEALTH CARE AGENCY PROFESSIONAL LIABILITY

## RATE SHEET ALASKA

1. **OCCURRENCE RATES**

Charge per: $100,000/$300,000 $300,000/$300,000 $500,000/$500,000 $1,000,000/$1,000,000 $1,000,000/$3,000,000

**A. Agency** $1,323 $1,561 $1,693 $1,932 $2,050

## B. Full Time Equivalent Employee:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Health Aide | $83 | $97 | $106 | $121 | $128 |
| Nurse Aide/Sitter/Companion/ Clerical/Administrative/ Bereaval Therapist/Homemaker | $69 | $81 | $88 | $100 | $106 |
| Dietician/Nutritionist | $110 | $130 | $141 | $161 | $171 |
| LPN/Dental Hygenist/Pharmacy Ass't/Lab Tech/EKG-Ultrasound Tech/Medical Tech/Echocardiogram Tech/X-Ray Tech/Radiology Tech/ Certified Medical Ass't. | $148 | $174 | $189 | $216 | $229 |
| Nurse/Enterstomal Therapist/ Social Worker/Dialysis Tech | $182 | $215 | $233 | $266 | $283 |
| Occupational Therapist/Speech Pathologist | $217 | $256 | $278 | $317 | $336 |
| Pharmacist | $324 | $382 | $415 | $473 | $502 |
| Physical Therapist/Respiratory Therapist/Phlebotomist/Clergy/ Nuclear Medicine Tech/Radiation Therapist | $422 | $498 | $540 | $616 | $654 |
| Psychologist | $694 | $819 | $888 | $1,014 | $1,076 |
| Nurse Practitioner/Physician Ass't/Paramedic/EMT | $909 | $1,073 | $1,164 | $1,328 | $1,409 |
| Medical Director | $248 | $293 | $318 | $363 | $385 |
| **Non Medical Office Staff (Rates per $1,000 payroll):** | | | | | |
| $0-$500,000 | $1.77 | $2.08 | $2.26 | $2.58 | $2.74 |
| $500,001-$2,000,000 | $0.88 | $1.04 | $1.12 | $1.28 | $1.36 |
| $2,000,001-$7,000,000 | $0.61 | $0.72 | $0.78 | $0.89 | $0.94 |
| $7,000,001-$20,000,000 | $0.27 | $0.32 | $0.34 | $0.39 | $0.42 |
| Over $20,000,000 | $0.14 | $0.16 | $0.18 | $0.20 | $0.22 |

**C.**

The above rates are based on the total payroll of the insured's non medical office staff. Each individual payroll layer should be rated separately and added together, in order to determine the total premium. This premium includes the payroll of all non medical office staff.

## RATING METHODOLOGY

* 1. Agency Rate-The rate indicated applies to every risk written under this program.
  2. Employee Rates-The rate indicated for each category is applied to the number of Full Time Equivalent Employees (FTE's) in each category. The number of FTE's is calculated as follows:
     1. FTE's/Hours-The annual number of hours worked by all employees in each category is divided by 2,000. The number obtained is then multiplied by the rate indicated for that category of employee.
     2. FTE's/Payroll-When the number of hours worked is unavailable or invalid, the number of FTE's is determined using payroll information. The total annual payroll for each category is divided by the estimated average payroll for that category. This number is then multiplied by the rate for that category.

Average Salaries:\*

|  |  |  |
| --- | --- | --- |
| Nurse (RN) | $29,466 | \*Salaries are based on Home Health Agency Compensation Survey Report, |
| Licensed Prac Nurse | $20,000 | Washington, DC, National Association of Home Care (NAHC). Salaries |
| Physical Ther. | $49,176 | used to calculate FTE's will be revised as the report is updated. Average |
| Occupational Ther. | $39,337 | salaries for categories not listed at the left will be estimated by comparing the |
| Speech Therapist | $36,389 | educational requirements for unlisted categories with those categories listed. |
| Social Worker | $30,821 |  |
| Home Health Aide | $14,647 |  |

* 1. For agencies that use independent contractors, the number of FTE's are calculated as described above. If the independent contractors are not to be covered, individually, 50% of the rate indicated under I.B is charged. If independent contractors are to be covered individually, 100% of the rate indicated is charged.

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## SURCHARGES, CREDITS AND DEBITS

**HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM ALASKA**

* 1. **Surcharges**
     1. Malplacement- A malplacement surcharge of 25% of the developed premium, before credits and debits, will apply to agencies engaged in supplemental staffing.
     2. Registry- A registry surcharge of 25% of the developed premium, before credits and debits, will apply to agencies that do supplemental staffing. This is in addition to the malplacement surcharge.
     3. Background Check- A surcharge of 5% to agencies not performing background checks on their employees and independent contractors.
     4. Nrsng Hms/Asstd Lvng Ctrs/Lng Trm Care Fac- A surcharge of 25% of the developed premium, before debits and credits, will apply to agencies that do

more than 50% staffing of Nursing Home Facilities, Assisted Living Centers, or Long Term Care Facilities.

* + 1. High Tech/Crtcl Care- A malplacement Surcharge of 25% of the developed premium, before credits and debits, will apply to Agencies engaged in High Tech/Critical Care services including Surgical, Pediatric, Infusion Therapy, and Tracheotomy/Ventilator Care.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B. Credits/Debits** |  | | | | | |
|  | Debits | Claims History | Credit | Debits | Nature of Operations | Credit |
|  | 10% | Loss ratios greater than 35% |  | 5% | In operation between 3-5 years |  |
|  | 15% | Loss ratios greater than 50% |  | 10% | In operation between 1-3 years |  |
|  | 25% | Loss ratios greater than 100% |  | 10% | In operation between 1-3 years |  |
|  |  | 3 years loss free history | 10% |  | In operation more than 25 years | 5% |
|  |  | 5 years loss free history | 15% |  | In operation more than 35 years | 10% |
|  |  | 10 years loss free history | 25% |  | In operation more than 50 years | 15% |

10% Operations include rehabilitation, infusion therapy, respiratory therapy (other than ventilator care or tracheotomy care), or radiation therapy services

Debits Risk Management- (Maximum of +/- 20%) Credit

5% Overall responsibility for Risk Management is NOT designated to one individual within the administrative structure of the organization

Overall responsibility for Risk Management IS designated to one 5% individual within the administrative structure of the organization

5% Company does not conduct patient/client surveys

5% Not accredited by JCAHO or CHAPS nor a member of any industry association JCAHO or CHAPS Accredidation 5%

State Association Membership 5%

NAHC Membership 10%

15% Company does not utilize a formal written Quality Assurance and Risk Management Program

## ADDITIONAL INSUREDS

For each additional insured charge 25% of the developed premium, before debits/credits are applied; maximum $1,000.

## MINIMUM PREMIUMS

Home Health Agency in business less than 3 yrs $3,000

Home Health Agency $1,000

Hospice $500

Pure Registry $2,500

|  |  |  |  |
| --- | --- | --- | --- |
| VI. **ADDITIONAL LIMITS AND DEDUCTIBLES** |  | | |
| A. **Increased Limits Factors** |  | **B. Deductible** |  |
| $1,000,000/$1,000,000 | 1.000 | Deductible | Discount |
| $2,000,000/$2,000,000 | 1.183 | $1,000 | 1% |
| $2,000,000/$4,000,000 | 1.372 | $2,500 | 2.5% |
| $3,000,000/$3,000,000 | 1.326 | $5,000 | 5% |
| $3,000,000/$5,000,000 | 1.486 | $10,000 | 10% |
| $4,000,000/$4,000,000 | 1.444 | $25,000 | 15% |
| $4,000,000/$5,000,000 | 1.511 | $50,000 | 35% |
| $5,000,000/$5,000,000 | 1.550 | $100,000 | 50% |

## CLAIMS MADE CONVERSION FACTORS & EXTENDED REPORTING PERIOD

* 1. **Claims Made Factors** % of Occurrence Premium

1 year 0.55

2 year 0.79

3 year 0.91

4 year 0.96

5 year 0.98

## Extended Reporting Period Endorsement

One Year Option at 55% of mature claims made rate Two Year Option at 85% of mature claims made rate Three Year Option at 100% of mature claims made rate Unlimited Option at 110% of mature claims made rate

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