FILED

APR 22 2020

KS State Board of Healing Arts

**BEFORE THE BOARD OF HEALING ARTS**
**OF THE STATE OF KANSAS**

| | | |
|---|---|---|
| **In the Matter of** | ) | |
| | ) | |
| **Usman Haleem, M.D.** | ) | **KSBHA Docket No. 20-HA00062** |
| **Kansas License No. 04-32724** | ) | |
| | ) | |

## JOURNAL ENTRY OF SATISFACTION

The Kansas State Board of Healing Arts ("Board"), by its Interim Executive Director, Tucker L. Poling, a duly authorized representative of the Board, in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.*, as amended, and upon due consideration of the agency record, the applicable statutes and regulations, and being otherwise duly advised in the premises, makes the following determinations:

1. On March 31, 2020, a Final Order was issued by the Board against the license of Usman Haleem, M.D. ("Licensee"), imposing requirements therein.
2. Licensee has satisfactorily met all requirements of the Final Order and has no further obligations for compliance with the Final Order.

**IT IS SO ORDERED.**

Dated this 22nd day of April 2020.

**KANSAS STATE BOARD OF HEALING ARTS**

Tucker L. Poling
Interim Executive Director

## CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **Journal Entry of Satisfaction,** by depositing the same in the United States mail, first class postage prepaid and emailed, on this 22nd day of April 2020, addressed to:

CONFIDENTIAL

*Licensee*

And a copy hand delivered to:

Compliance Coordinator
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Licensing Coordinator
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Meg Markey
Associate Litigation Counsel
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

and the original was filed with:

Tucker Poling, Interim Executive Director
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level - Suite A
Topeka, Kansas 66612

Jennifer Cook
Paralegal

# EFFECTIVE AS A FINAL ORDER

DATE: 3/31/2020

FILED
MAR 10 2020
KS State Board of Healing Arts

**BEFORE THE BOARD OF HEALING ARTS OF THE STATE OF KANSAS**

| In the Matter of<br><br>Usman Haleem, M.D.<br>Kansas License No. 04-32724 | Docket No. 20-HA00062 |
|---|---|

## AMENDED SUMMARY ORDER

**NOW ON THIS** 10th day of March 2020, this matter comes before Tucker L. Poling, Interim Executive Director and General Counsel, Kansas State Board of Healing Arts ("Board"), in summary proceedings pursuant to K.S.A. 77-537.

Pursuant to K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

### Findings of Fact

1. Usman Haleem, M.D. ("Licensee") was issued License No. 04-32724 to practice medicine and surgery on October 20, 2007. On July 1, 2015, Licensee changed his license status to Inactive. Licensee last renewed his license as Active on or about July 24, 2019. Licensee's license status is currently Active.

2. Licensee's last known mailing address to the Board is: CONFIDENTIAL
CONFIDENTIAL

3. During all times relevant to the facts set forth in this Summary Order, Licensee held an Active license to practice medicine and surgery in Kansas.

4. The factual basis for this Order is as follow:

a. On or about March 20, 2019, Licensee submitted a Status Change Application to the Board to change his license from Inactive to Active. The Status Change Application stated, in part, "If rendering any professional service in Kansas, you are required by law to maintain professional liability insurance of not less than $200,000 per claim, $600,000 annual aggregate, and participate in the Kansas Health Care Stabilization Fund (KHCSF)." Licensee signed and acknowledged this notice. (Exhibit 1.)

b. On or about July 21, 2019, Licensee submitted an Online Renewal Application to the Board that requested to change his license from Inactive to Active. The Online Renewal Application stated, "As a condition of providing professional services in Kansas, whether or not physically located in Kansas, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF)." (emphasis in original). Licensee was asked "Have you paid the annual surcharge to the KHCSF?" to which he answered "No." (Exhibit 2.)

c. After changing his license status to Active, a search of the KHCSF showed Licensee was not in compliance with the KHCSF.

d. On September 16, 2019, and October 18, 2019, the Board requested Licensee to provide proof of compliance with the Kansas Health Care Stabilization Fund ("KHCSF"), as required by K.S.A. 40-3404. The Board included instructions on how to contact KHCSF and warned that a failure to provide proof of compliance may

result in a fine or suspension of Licensee's license to practice medicine in Kansas. (Exhibit 3 and 4.)

e. In response, Licensee provided proof of professional liability insurance, but not of compliance with the KHCSF.

f. On or about November 4, 2019, the matter was referred to the Litigation Department.

g. On or about February 11, 2020, another search of the KHCSF showed Licensee was still not fund compliant. (Exhibit 5.)

h. Licensee was previously out of compliance with the KHCSF since his most recent licensure renewal period, on or about July 24, 2019 until at least February 11, 2020, while holding an Active license to practice medicine in Kansas.

i. Licensee provided a Certificate of Compliance showing that he is now in compliance with the KHCSF as of July 31, 2019 through April 1, 2020. (Exhibit 6.)

**Applicable Law**

5. Under the Kansas Healing Arts Act, K.S.A. 65-2809(c),

> The board, prior to renewal of a license, shall require an active licensee to submit to the board evidence satisfactory to the board that licensee is maintaining a policy of professional liability insurance as required by K.S.A. 40-3402, and amendments there to, and has paid the premium surcharges as required by K.S.A. 40-3404, and amendments thereto.

6. K.S.A. 40-3402 states:

> (a) A policy of professional liability insurance approved by the commissioner and issued by an insurer duly authorized to transact business in this state in which the limit of the insurer's liability is not less than $200,000 per claim, subject to not less than a $600,000 annual aggregate for all claims made during the policy period, shall be maintained in effect by each resident health care provider as a condition of active licensure or other statutory authorization to render professional service as a health care provider in this state, unless such health care provider is a self-insurer. . .

(b) A nonresident health care provider shall not be licensed to actively render professional service as a health care provider in this state unless such health care provider maintains continuous coverage in effect as prescribed by subsection (a), except such coverage may be provided by a non-admitted insurer who has filed the form required by subsection (b)(1). This provision shall not apply to optometrists and pharmacists on or after July 1, 1991 nor to physical therapists on and after July 1, 1995.

> (1) Every insurance company authorized to transact business in this state, that is authorized to issue professional liability insurance in any jurisdiction, shall file with the commissioner, as a condition of its continued transaction of business within this state, a form prescribed by the commissioner declaring that its professional liability insurance policies, wherever issued, shall be deemed to provide at least the insurance required by this subsection when the insured is rendering professional services as a nonresident health care provider in this state. Any nonadmitted insurer may file such a form.
> (2) Every nonresident health care provider who is required to maintain basic coverage pursuant to this subsection shall pay the surcharge levied by the board of governors pursuant to subsection (a) of K.S.A. 40-3404 and amendments thereto directly to the board of governors and shall furnish to the board of governors the information required in subsection (a)(1). . .

7. K.S.A. 40-3404(b):

In the case of a resident health care provider who is not a self-insurer, the premium surcharge shall be collected in addition to the annual premium for the basic coverage by the insurer and shall not be subject to the provisions of K.S.A. 40-252, 40-955 and 40-2801 et seq., and amendments thereto. The amount of the premium surcharge shall be shown separately on the policy or an endorsement thereto and shall be specifically identified as such. Such premium surcharge shall be due and payable by the insurer to the board of governors within 30 days after the annual premium for the basic coverage is received by the insurer. Within 15 days immediately following the effective date of this act, the board of governors shall send to each insurer information necessary for their compliance with this subsection. The certificate of authority of any insurer who fails to comply with the provisions of this subsection shall be suspended pursuant to K.S.A. 40-222, and amendments thereto, until such insurer shall pay the annual premium surcharge due and payable to the board of governors. In the case of a nonresident health care provider or a self-insurer, the premium surcharge shall be paid upon submitting documentation of compliance with K.S.A. 40-3402, and amendments thereto.

8. Under K.S.A. 65-2836, a license may be revoked, suspended or limited, or the licensee may be publicly censured or placed under probationary conditions, upon a finding of the existence of any of the following grounds:

(z) The licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404.

## Conclusions of Law

9. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

10. The Board finds that Licensee violated K.S.A. 65-2836(z), in that Licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404.

11. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate, in accordance with the provisions set forth in K.S.A. 77-537(a), in that the use of summary proceedings does not violate any provision of law, and the protection of the public interest does not require the Board to give notice and opportunity to participate to persons other than Licensee.

**IT IS HEREBY ORDERED** that Licensee is assessed a **CIVIL FINE** in the amount of **$500.00** for violations of the Kansas Healing Arts Act, due within thirty (30) days after this Order becomes a Final Order. Such fine shall be paid to the "Kansas State Board of Healing Arts," in full. All monetary payments, which shall be in the form of check or money order, relating to this Summary Order shall be mailed to the Board certified and addressed to:

Compliance Coordinator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level – Suite A
Topeka, Kansas 66612
KSBHA_compliancecoordinator@ks.gov

**PLEASE TAKE NOTICE** that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

**Dated this** 10th **day of** March **2020.**

**KANSAS STATE BOARD**
**OF HEALING ARTS**

Tucker L. Poling
Interim Executive Director
General Counsel

## FINAL ORDER NOTICE OF RIGHTS

**PLEASE TAKE NOTICE** that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq*. Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Tucker L. Poling, Interim Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

## CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that a true copy of the foregoing **FINAL ORDER** was served this 31st day of March 2020 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Usman Haleem, MD
CONFIDENTIAL

And a copy was hand-delivered to:

Meg Markey, Associate Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.

Jennifer Cook, Paralegal

FILED
MAR 20 2019
KS State Board of Healing Arts

# APPLICATION FOR CHANGE OF DESIGNATION/TYPE

Please enter required information, sign and date on the bottom of page 2.
Print and mail with required documentation, including your current wallet card.
If you are not in possession of your current wallet card please check here ☒

License No. 04 - 32724 ☒ Medicine & Surgery ☐ Chiropractic ☐ Osteopathic ☐ Podiatry

Current Type: ☐ Active ☐ Federal Active ☐ Military ☐ Exempt ☒ Inactive

Name: USMAN HALEEM
First Middle Last

CONFIDENTIAL

Mailing Address:

Home Address:

Day Time Telephc

E-Mail Address:

EFFECTIVE 04 / 15 / 2019 The effective date CANNOT be a retroactive date and must be a date in the future from the date the Board receives your request.

I request a license type change to:(check the license type below)

Please select only ONE type.

☒ **Active:** A license issued to a person engaged in the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with Kansas law. Each active license may be renewed annually.

1. List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary):

| From:MO/YR To:MO/YR | Complete Address | Position Held |
|---|---|---|
| 07/2015 – TODATE | 20 NE SAINT LUKES BLVD, LEE'S | ATTENDING |
| | SUMMIT, MO 64086 | PHYSICIAN |
| | | |

2. If rendering any professional services in Kansas, you are required by law to maintain professional liability insurance of not less than $200,000 per claim, $600,000 annual aggregate, and participate in the Kansas Health Care Stabilization Fund (KHCSF). You must provide proof that your professional liability insurance is in compliance. Proof of insurance may be a notice of coverage, certificate of insurance or notification of insurance binder from your agent. Non-residents must submit a copy of their non-resident certificate form. If you have any questions about participation with KHCSF call please (785) 291-3777.

3. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website www.ksbha.org.

4. Since the last renewal date of your Kansas license, have you:

☐ Yes ☒ No had an adverse judgment, award, or settlement resulting from a professional liability claim?
☐ Yes ☒ No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
☐ Yes ☒ No had any hospital privileges suspended?
☐ Yes ☒ No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

EXHIBIT

# KSBOHA Online Renewal Application

| | |
|---|---|
| Date Created: | Sunday, July 21, 2019 |
| Name: | Usman Haleem |

## License Information

| | |
|---|---|
| License Number: | 04-32724 |
| License Type: | Medical Doctor (MD) |
| Status Before Renewal: | Inactive |
| Status After Renewal: | Active |
| Status Change Date: | 8/1/2019 |

CONFIDENTIAL

| | |
|---|---|
| Birth Date: | |
| Gender: | M |
| Citizenship Status: | U.S. Citizen |
| Ethnicity: | Asian/Pacific Islander |

## Address Information:

Use Primary Business Address for mailing: N

Residence Address:
CONFIDENTIAL
Line 1:
Line 2:
City, State, Zi
Country:*
Phone:
Email:*

Primary Business Address:
Line 1: 20 NE Saint Luke's Blvd
Line 2:
City, State, Zip Lees Summit, MO 64086
Country:* United States
Phone: 8163475100
Email:*

## Insurance Information:

Acord Update

Policy Number: CONFIDENTIAL Malpractice Insurance
Insurance Issue Date: 4/1/2019
Insurance Exp Date: 4/1/2020

Exempt - Professional Activities

| Professional activity | Description |
|---|---|
| | |
| | |

EXHIBIT
2

## Applicant Questions

Retirement

| Planning to retire within 5 years? |
|---|
| N |

Dispensing

| Dispense Pharmaceuticals |
|---|
| N |

Malpractice Screening Panel

| I am willing to serve on a Screening Panel |
|---|
| N |

No Practice Address

| I certify that I do NOT practice in Kansas: |
|---|
| Y |

Expert Witness

| I am willing to serve as an expert for the Board |
|---|
| N |

Supervise Non-Licensed Rad Techs

| I supervise non-licensed rad techs | I certify that they are trained on the equipment | I certify that they have/will obtain continuing ed |
|---|---|---|
| N | N | N |

Board Certifications

| Certifying Board | Other Board |
|---|---|
| ABIM-American Board of Internal Medicine | |

Kansas Hospital Privileges

| Hospital\Surgery Center | Other Hospital |
|---|---|

DEA Number

| DEA Number |
|---|
| BH6604563 |

Identify all other authorities that have ever licensed you to practice.

Other State Licenses Ever Held

| Other State | Date Issued |
|---|---|
| KS | |
| MO | |

National Provider Identifier

| NPI Number | I do not currently have a NPI #: |
|---|---|
| 1225061344 | |

Language

| English | Spanish | ASL (American Sign Language) | Other Languages |
|---|---|---|---|
| Y | N | N | URDU |

Disaster Relief

| Please do not include me in the registry | Within My County | Within 75 Miles | Anywhere in Kansas | Outside the State of Kansas |
|---|---|---|---|---|
| N | Y | N | N | N |

CE Year

| Education Year |
|---|
| 2015 |

## Question Responses

| | |
|---|---|
| **Continuing Education Questions**<br><br>Does your "Education Year" listed above indicate that you do not have continuing education hours due at this time? | N |
| Do you have at least 50 total hours of continuing education with a minimum of 20 Category I & a maximum of 30 Category II from 01-01-2018 through 06-30-2019? | Y |
| Do you have at least 100 total hours of continuing education with a minimum of 40 Category I & a maximum of 60 Category II from 01-01-2017 through 06-30-2019? | N |
| Do you have at least 150 total hours of continuing education with a minimum of 60 Category I & a maximum of 90 Category II from 01-01-2016 through 06-30-2019? | N |
| **Continuing Education Audit Question**<br><br>The Board will verify compliance with continuing education requirements in an undetermined percentage of renewal applications. This verification will involve an audit of records maintained by the licensee. You must maintain your continuing education records for a three year period in a manner that allows them to be readily produced. Do you understand the audit process? | Y |
| **Gratuitous Professional Services**<br><br>Have you entered into an agreement with the Kansas Secretary of Health and Environment to gratuitously provide professional services to medically indigent persons or to conduct a children's immunization program administered by the Kansas Secretary of Health and Environment? | N |
| Have you gratuitously provided any professional services at a local health department or indigent healthcare clinic to a medically indigent person or a person receiving medical assistance from the programs operated by the department of health and environment? | N |
| If you answered in the affirmative to either of the preceding questions, how many hours of gratuitous services to medically indigent persons have you provided within the preceding licensure period? If you answered "No" above, enter "NA". | NA |
| How many hours of continuing education credit (by the performance of two hours of gratuitous professional services to medically indigent persons per hour claimed), up to a maximum of twenty (20) hours of continuing education credit, are you claiming for this licensure period? If you answered "No" above, enter "NA". | NA |
| **KHCSF Compliance**<br><br>As a condition of providing professional services in Kansas, whether or not physically located in Kansas, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF).<br><br>Have you paid the annual surcharge to the KHCSF? | N |
| **KTRACS**<br><br>Are you enrolled in the Prescription Drug Monitoring Program (K-TRACS)? (see www.kansas.gov/pharmacy) | N |
| I know what K-TRACS is. | Y |
| I am unsure of how to enroll in K-TRACS. | Y |
| K-TRACS is clinically useful for me. | Y |
| K-TRACS is cumbersome to use. | N |
| I prescribe/dispense controlled substances. | Y |
| **Office Based Surgery**<br><br>In Kansas, have you since your last renewal, performed procedures in your office that require sedation, including IV sedation of any kind: inhaled agents; parenteral, regional, spinal, epidural or general anesthesia. ("Office" as used here does not include a hospital based practice. Also excluded are minor procedures that can be performed safely and comfortably with any one or combination of the following: a low dose oral sedative that does not affect the patient's level of consciousness; local; topical; or no anesthesia.) | N |
| Office Based Surgery Practice Location:<br>If you answered "Yes" to the above question, enter the location here or if you answered "No" above enter "NA". | NA |
| Accrediting Entity Name:<br>If you answered "Yes" to the above question, enter the entity name here. If your office is not accredited or if you answered "No" above, enter "NA". Appropriate names are as follows:<br><br>• Accreditation Association for Ambulatory Health Care, Inc.<br>• American Association for Accreditation of Ambulatory Surgery Facilities, Inc.<br>• Institute for Medical Quality<br>• Joint Commission on Accreditation of Healthcare Organizations<br>• NA | NA |
| Certification\Accreditation Number:<br>If you answered "Yes" to the above question, enter the Certification\Accreditation number here. If your office is not accredited or if you answered "No" above, enter "NA". | NA |

| | |
|---|---|
| **Attestation Questions**<br><br>A. In the past 12 months have you been and/or continued to be a defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim/lawsuit? | N |
| B. In the past 12 months have you been arrested, charged with or convicted of any felony, misdemeanor or the military equivalent? This includes a diversion or plea to a felony, misdemeanor or the military equivalent. | N |
| C. In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country? | N |
| D. In the past 12 months have any privileges related to your profession as a health care provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you? | CONFIDENTIAL |
| E. In the past 12 months have you suffered from any impairment which might affect your ability to safely practice, been referred to and/or participated in a program for impaired providers? | |
| F. In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency? | N |
| **Voluntary Supplemental Public Statement**<br><br>Pursuant to K.S.A. 65-28, 131, on and after July 1, 2010, the board shall make available on a searchable website which shall be accessible by the public, the following information regarding licensees:<br>(1) The licensee's full name, business address, telephone number, license number, type, status and expiration date;<br>(2) the licensee's practice specialty, if any, and board certifications, if any;<br>(3) any public disciplinary action taken against the licensee by the board or by the licensing agency of any state or other country in which the licensee is currently licensed or has been licensed in the past;<br>(4) any involuntary limitation, denial, revocation or suspension of the licensee's staff membership or clinical privileges at any hospital or other health care facility, and the name of the hospital or facility, the date the action was taken, a description of the action, including any terms and conditions of the action and whether the licensee has fulfilled the conditions of the action;<br>(5) any involuntary surrender of the licensee's drug enforcement administration registration; and;<br>(6) any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country.<br>At the time of licensure or renewal, a licensee may add a statement to such licensee's profile as it appears on the website created herein. Such statement may provide further explanation of any disciplinary information contained in your profile.<br>**This statement must be received by the Board within 30 days after your license cancellation date.**<br><br>**Do you wish to add a statement to further explain any disciplinary information in your public profile?** | N |
| **Renewer**<br><br>Please Enter the Full Name of person completing this renewal. | USMAN HALEEM |

## Attestation

Pursuant to K.S.A. 65-28,131, information provided herein may be deemed public and posted on our Website. Failure to furnish the Board any information legally requested by the Board may be deemed unprofessional conduct and may be the basis for disciplinary action.

Pursuant to K.S.A. 65-28,126, Licensees are required to notify the Kansas State Board of Healing Arts in writing within 30 days of any changes in the licensee's mailing and practice adresses. I certify, under penalty of perjury, that by clicking the "Pay Fees" button I am the person named in this request or have been authorized by that person, and the information I have provided is true, correct and complete to the best of my knowledge. I understand that Kansas Statutes allow the State Board of Healing Arts to revoke, suspend or limit a license, or censure the licensee, or impose a fine in an amount up to $5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612

State Board of Healing Arts

phone: 785-296-7413
fax: 785-368-7102
Email: KSBHA_healingarts@ks.gov
www.ksbha.org

Kathleen Selzler Lippert, Executive Director

Laura Kelly, Governor

September 16, 2019

361517
Usman Haleem, MD
CONFIDENTIAL

**RE: Professional Liability Insurance & Kansas Health Care Stabilization Fund Audit; 04-32724**

Dear Dr. Haleem:

Under the Kansas State Board of Healing Arts ("Board") audit process, you have been selected to provide proof of your professional liability insurance and Kansas Health Care Stabilization Fund ("KHCSF") compliance for your most recent renewal period.

In Kansas, if you have an Active license, you are required to maintain professional liability insurance of not less than $200,000 per claim, and not less than $600,000 annual aggregate for all claims made during the policy period. *See* K.S.A. 40-3402(a)-(b); K.S.A. 65-2809(c). Additionally, you are required to maintain compliance with the KHCSF by paying the annual surcharge. *See* K.S.A. 40-3402; K.S.A. 40-3404; and K.S.A. 65-2809(c).

According to the Board's records, you most recently renewed your license for the period of August 1, 2019, through July 31, 2010. On that renewal, you agreed to maintain and produce proof of professional liability insurance and KHCSF compliance upon request. *See generally* K.S.A. 65-2809(c).

Please provide proof of your: (1) professional liability insurance; and (2) KHCSF compliance for the period for which you renewed your license, on or before **October 16, 2019**. Failure to produce this requested information may result in disciplinary action against your license, including but not limited to, a fine, a public censure, and/or **SUSPENSION** of your license. Submit all proof via email to KSBHA_Licensing@ks.gov.

To effectuate submission of evidence of KHCSF compliance to the Board, you must contact the KHCSF and obtain a certification that you have paid the annual premium charges. You must then submit a copy of the certification to the Board. Please keep in mind, if you are a non-resident, you must also submit a non-resident form to the KHCSF.

If you have questions about submitting forms to or compliance with the KHCSF, you can contact the KHSCF by mail, telephone, or email at the following:

BOARD MEMBERS: STEVEN J. GOULD, PRESIDENT, CHENEY JOHN F. SETTICH, PH.D., PUBLIC MEMBER, VICE PRESIDENT, ATCHISON MARK BALDERSTON, DC, SHAWNEE
R. JERRY DEGRADO, DC, WICHITA ROBIN D. DURRETT, DO, GREAT BEND THOMAS ESTEP, MD, WICHITA ANNE HOOGDON, PUBLIC MEMBER, LENEXA
JOEL R. HUTCHINS, MD, HOLTON STEVE KELLY, PUBLIC MEMBER, NEWTON DAVID LAHA, DPM, OVERLAND PARK DOUGLAS J. MILFELD, MD, WICHITA
GARDLD O. MINNIS, MD, BEL AIRE KIMBERLY J. TEMPLETON, MD, LEAWOOD RONALD M. VARNER, DO, EL DORADO

TTY (HEARING IMPAIRED) 711 OR 1.800.766.3777 VOICE/TTY E-MAIL: KSBHA_HEALINGARTS@KS.GOV

Kansas Health Care Stabilization Fund
300 SW 8th Ave, 2nd FL
Topeka, KS 66603
(785) 291-3777
www.hcsf.org

All the KHCSF's forms are available at: https://hcsf.kansas.gov/forms/

If you currently hold an Active license in Kansas, but do not actively practice in Kansas, you may want to consider changing your license status to either Exempt or Inactive. To change your license status, please submit an Application for Change of Designation/Type.

All correspondence regarding your professional liability insurance and KHCSF compliance audit must be directed to: KSBHA_Licensing@ks.gov, or via mail:

Kansas State Board of Healing Arts
Attn: MD Audit
800 SW Jackson, Lower Level – Suite A
Topeka, KS 66612

Sincerely,

Rebekah Moon

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level – Suite A
Topeka, Kansas 66612

BOARD MEMBERS: STEVEN J. GOULD, PRESIDENT, CHENEY JOHN F. SETTICH, PH.D., PUBLIC MEMBER, VICE PRESIDENT, ATCHISON MARK BALDERSTON, DC, SHAWNEE
R. JERRY DEGRADO, DC, WICHITA ROBIN D. DURRETT, DO, GREAT BEND THOMAS ESTEP, MD, WICHITA ANNE HODGDON, PUBLIC MEMBER, LENEXA
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Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612
Tucker Poling, Interim Executive Director

PHONE: 785-296-7413
FAX: 785-296-0852
KSBHA_Licensing@ks.gov
www.ksbha.org
Laura Kelly, Governor

October 18, 2019

**Final Notice**

361517
Usman Haleem, MD
CONFIDENTIAL

**RE: Professional Liability Insurance & Kansas Health Care Stabilization Fund Audit; Final Notice; 04-32724**

Dear Dr. Usman Haleem:

This letter serves as your **final notice** for your audit. You were previously sent a letter on September 16, 2019.

The Kansas State Board of Healing Arts ("Board") is contacting you as part of the audit process. You have been selected to provide proof of your professional liability insurance and Kansas Health Care Stabilization Fund ("HCSF") compliance for your most recent renewal period (August 1, 2019 - July 31, 2020).

In Kansas, if you have an Active license, you are required to maintain professional liability insurance of not less than $200,000 per claim, and not less than $600,000 annual aggregate for all claims made during the policy period and required to maintain compliance with the HCSF (the HCSF provides supplemental professional liability coverage for health care providers affected by the Fund law). *See* K.S.A. 40-3402(a)-(b); K.S.A. 40-3404; K.S.A. 65-2809(c).

**Please provide proof of your: (1) professional liability insurance; and (2) HCSF compliance for the period for which you renewed your license (August 1, 2019 - July 31, 2020), on or before November 1, 2019.** Failure to produce this requested information may result in disciplinary action against your license, including but not limited to, a fine, a public censure, and/or **SUSPENSION** of your license. Submit all proof via email to KSBHA_Licensing@ks.gov.

If you are unable to provide a Certificate of Compliance from HCSF, please contact HCSF through the contact information described below. Please remember, once you have obtained your Certificate of Compliance from HCSF, you must then submit a copy of the certification to the Board. Additionally, if you have questions regarding past expired coverage periods, please contact HCSF.

Kansas Health Care Stabilization Fund
300 SW 8th Ave, 2nd Floor
Topeka, KS 66603
Phone: (785) 291-3777
Fax: (785) 291-3550
Email: hcsf@ks.gov
**Error! Hyperlink reference not valid.** https://hcsf.kansas.gov

If you currently hold an Active license in Kansas, but do not actively practice in Kansas, you may want to consider changing your license status to either Exempt or Inactive. To change your license status, please submit an Application for Change of Designation/Type to the Board.

Kansas State Board of Healing Arts
Attn: MD Audit
800 SW Jackson, Lower Level – Suite A

Topeka, KS 66612
Phone: (785) 296-0934
Fax: (785) 296-0852
Email: KSBHA_Licensing@ks.gov

Sincerely,

Rebekah Moon

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level – Suite A
Topeka, Kansas 66612

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Bel Aire

# Kansas HCSF Provider Compliance Information

USMAN HALEEM MD 7183

"HCSF Coverage" codes are as follows:

From 7-1-76 to 6-30-84 the Fund coverage was unlimited. Only the "U" code should appear for compliance periods that originated during this period.

From 7-1-84 to 6-30-89 the Fund coverage was $3million/$6million. Only the "T" code should appear for compliance periods that originated during this period.

From 7-1-89 to current optional Fund coverage limits were available to health care providers. Code "8" means HCSF Coverage Limits of $800,000/$2.4million. Code "3" means HCSF coverage limits of $300,000/$900,000. Code "1" means HCSF coverage limits of $100,000/$300,000.

| Effective Date | Expiration Date | Coverage Level Code | Company Name |
|---|---|---|---|
| 4/1/2016 | 4/1/2016 | 0 | SAINT LUKES HEALTH SYSTEM RRG |
| 4/1/2015 | 5/30/2015 | 8 | SAINT LUKES HEALTH SYSTEM RRG |
| 4/1/2014 | 4/1/2015 | 8 | SAINT LUKES HEALTH SYSTEM RRG |
| 8/1/2013 | 4/1/2014 | 8 | SAINT LUKES HEALTH SYSTEM RRG |
| 8/1/2012 | 8/1/2013 | 8 | SAINT LUKES HEALTH SYSTEM RRG |
| 8/1/2011 | 8/1/2012 | 8 | SAINT LUKES HEALTH SYSTEM RRG |
| 8/1/2010 | 8/1/2011 | 8 | SAINT LUKES HEALTH SYSTEM RRG |
| 8/1/2009 | 8/1/2010 | 8 | SAINT LUKES HEALTH SYSTEM RRG |
| 8/1/2008 | 8/1/2009 | 8 | SAINT LUKES HEALTH SYSTEM RRG |
| 10/20/2007 | 8/1/2008 | 8 | SAINT LUKES HEALTH SYSTEM RRG |

IMPORTANT COPY
Record of HCSF Compliance
HEALTH CARE STABILIZATION FUND

EXHIBIT
5

# Health Care Stabilization Fund

300 S.W. 8th Avenue, Second Floor
Topeka, Kansas 66603-3912

hcsf@ks.gov
785-291-3777

## CERTIFICATION OF COMPLIANCE

**PROVIDER INFORMATION**

| | | | |
|---|---|---|---|
| **Name** | Haleem, Usman | | |
| **Title** | MD | **KS License** | 04-32724 |
| **MO License** | Yes | | |
| **HCSF Level** | $800,000 / $2,400,000 | | |

**POLICY INFORMATION**

| | |
|---|---|
| **Insurance Co.** | Saint Lukes Health System Rrg |
| **Policy** | CONFIDENTIAL |
| **Type** | Claims made basic coverage |
| **Effective Date** | 7/31/2019 |
| **Expiration** | 4/1/2020 |

| | |
|---|---|
| **Confirmed By** | Laura Baker |
| **Title** | Compliance Officer |
| **E-Mail** | Laura.Baker@ks.gov |
| **Dated** | 3/9/2020 |

EXHIBIT
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6