

Iowa
Medical Malpractice Annual Report
For Calendar Year 2012

December 2013
Iowa Insurance Division

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Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2012 from licensed insurance companies pursuant to Iowa Code Section 505.27. Licensed companies who wrote medical malpractice insurance in Iowa during the period from January 1, 2012, through December 31, 2012, were asked to provide specific data for claims closed during that period and separately those remaining open at the end of the year.

Data was reviewed for consistency within and between companies, and for completeness and reasonableness. The accuracy of the report depends on the accuracy of the data obtained from the companies.

The report provides a snapshot of Iowa's medical malpractice insurance market. Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$85,000. The average incurred losses and allocated loss adjustment expenses for all open claims were about \$171,000.

Of the specialty providers listed, consistent with prior years, Clinics or Corporations and Hospitals had the highest number of closed claims reported. Clinics or Corporations and Obstetrics and Gynecology had the most open claims. Obstetrics or Gynecology had the highest average benefits and allocated loss adjustment expenses paid for closed claims and the highest average incurred losses and allocated loss adjustment expenses for open claims.

For closed claims, Failure to Diagnose, Monitor, or Treat produced more claims than any other listed alleged cause of loss. For open claims, Treatment Related Causes produced more claims than any other listed alleged cause of loss. For categories with at least 10 claims, the costliest closed claims and the costliest open claims on average were for claims categorized as Pregnancy or Birth Related Problems.

Based on Severity of Loss, the categories with the most claims were Temporary – Minor for closed claims and Death for open claims. The costliest closed claims were those categorized as Permanent – Significant. Average paid losses and expenses for closed claims by category ranged from about \$30,000 to nearly \$250,000. Open claims with the largest incurred loss and ALAE amounts were from the Grave category. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$35,000 to almost \$700,000.

Minor rounding differences may exist, however no adjustments were made to the amounts reported.

As explained in the new section titled Recommendations, this year the Division recommends no changes to the Medical Malpractice Annual Report. From the report, the Division has not identified any immediate changes needed in the Medical Malpractice insurance marketplace.

Recommendations

The Division has in the past recommended that the Medical Malpractice Annual Report be discontinued. As was stated previously, this discontinuance could be structured by amending the existing law to allow for the report to be required in any year rather than requiring the report each year. In that way, should the need for an annual compilation of medical malpractice data become critical in the future, the report could be reinstated immediately. The value of the existing report is not dependent on data being compiled every year without interruption.

The Division has also in the past noted that should the need for an annual compilation of medical malpractice data become critical in the future, Iowa might consider adopting the NAIC's Medical Professional Liability Closed Claim Reporting model law. Depending on the number of states that have adopted the model law and the companies writing medical malpractice insurance in those states, adoption could help provide data that is comparable with other states and provide companies with consistent reporting requirements from state to state.

A third recommendation has been to eliminate the need for carriers to report the total amounts paid within six months after final disposition of the claims. In the years of collecting this information only a few companies have data to report and it provides no information about the overall market.

Since the Medical Malpractice Report was first produced for calendar year 2006, no revisions to the law have been implemented. Companies have been providing their data in a consistent manner throughout the years. Any changes to the report at this time would require both the Division and the reporting companies to alter existing procedures. Rather than disrupt the current process, the Division this year recommends no changes to the Medical Malpractice Annual Report.

The Division has not identified any immediate changes needed in the Medical Malpractice insurance marketplace from the data compiled in this report.

Introduction

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2012.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2012, were asked to provide data separately for any claims that closed during the year and any claims that were open at the end of the year.

Data Request

The Division requested that companies submit data for each *claim* or *lawsuit*.

Claims were defined as formal or written demands for compensation under a medical malpractice insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

A *lawsuit* was defined as a complaint filed in any court in Iowa alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

Only direct business was to be included in the report. Adjustments for subrogation were to be made. Claims were to be reported separately for each insured associated with a claim; for each injured party associated with an incident; for each claimant that filed a claim for the same injury; and for each policy if filed under more than one policy. Reopened claims were to be reported considering only their final disposition date.

A copy of the data request is included at the end of this report.

Companies

Licensed insurers, that wrote medical malpractice insurance in Iowa during 2012, were required to provide data for claims that closed during the year or that were open at the end of the year. These insurers represented 70.1% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2012 direct written premiums. Some companies reported for a group of affiliated companies together; others reported for each company individually. The term “company” is being used to represent either an individual entity or a group of affiliated companies.

Not all the licensed companies had open or closed claims to report. Page 7 shows a history of the market shares for companies that reported claims for the Medical Malpractice Annual Report for Calendar Year 2012. They comprise 69.5% of the 2012 medical malpractice market in Iowa. The market shares were determined by dividing the company’s written premium for the year by the total written premium for all companies in that year.

The companies that write medical malpractice insurance in Iowa change from year to year. New companies start writing the business, others cease writing the business. Some companies change their names or acquire other companies. The premium volume that a company writes will vary year to year, and for some companies it will vary dramatically. Most of the business is written by a few companies, but even their market shares shift year to year. Three licensed companies write over half of the total written premiums for medical malpractice insurance in Iowa.

**Iowa Insurance Division
Medical Malpractice Closed and Open Claim Report
Market Shares of Companies with Reported Claims**

Company Name	Calendar Year 2008	Calendar Year 2009	Calendar Year 2010	Calendar Year 2011	Calendar Year 2012
MMIC Insurance, Inc.	39.0%	36.0%	36.2%	37.3%	40.4%
ProAssurance Insurance Companies	12.5%	14.5%	10.6%	10.3%	8.4%
NCMIC Insurance Company	1.9%	2.8%	3.2%	3.8%	4.0%
C N A Insurance Companies	3.0%	2.7%	2.6%	2.9%	2.9%
Medical Protective Company, The	2.7%	2.4%	2.7%	2.6%	2.8%
Preferred Professional Insurance Company	2.6%	2.4%	2.5%	2.7%	2.4%
MHA Insurance Company	2.3%	2.4%	2.5%	2.0%	2.1%
Podiatry Insurance Company of America	1.1%	1.1%	1.1%	1.2%	1.2%
National Union Fire Insurance Company of Pittsburgh, P.A.	0.6%	0.5%	0.8%	0.7%	0.9%
ISMIE Mutual Insurance Company	1.2%	1.1%	0.6%	0.7%	0.8%
Cincinnati Insurance Company, The	1.0%	0.8%	0.8%	0.7%	0.7%
AMCO Insurance Company	3.2%	2.8%	2.5%	1.5%	0.6%
COPIC Insurance Company	0.5%	0.5%	0.4%	0.5%	0.6%
Doctors Company, The	0.6%	0.5%	0.6%	0.6%	0.5%
Pharmacists Mutual Insurance Company	0.4%	0.0%	0.4%	0.4%	0.4%
Ace American Insurance Company	0.4%	0.4%	0.4%	0.5%	0.4%
Zurich American Insurance Company	0.1%	0.2%	0.2%	0.2%	0.2%
Church Mutual Insurance Company	0.2%	0.2%	0.3%	0.1%	0.1%
Darwin National Assurance Company	0.0%	0.0%	0.0%	0.0%	0.1%
Total Market Share for Companies with Reported Claims for 2012	73.3%	71.3%	68.4%	68.7%	69.5%

Data

All responses received were reviewed for consistency with the data request. Data elements were reviewed for completeness, reasonableness, and consistency with other data elements.

In cases where a company did not use the provided categories to identify claims, if a category could be reasonably assigned, that was done. Otherwise, the claim was listed in the Other/Unknown category. Any categories with less than five claims were combined and reported in total.

On the Benefits and Expenses by Company exhibits, companies with fewer than five claims were reported as a group. Page 25 shows the companies combined for the closed claim exhibits and for the open claim exhibits.

Of all claims reported, nine closed claims had total loss and allocated loss adjustment expenses of at least \$500,000 and thirty nine open claims had incurred amounts of \$500,000 or more. Four closed claims and nineteen open claims were above \$1,000,000, with the largest claim reaching nearly \$5 million.

Limitations

The accuracy of this report depends on the accuracy of the data provided by the companies. The Division reviewed the data for completeness, reasonableness, consistency with other data elements, and consistency with the data request. No adjustments were made to the data other than the assigning of categories to identify claims where a company did not use the provided categories but one could be reasonably assigned.

Although attempts were made to gather uniform data from all companies, complete uniformity is not possible. Some companies did not maintain records of all the data as requested. Some used company specific definitions that could not be manipulated to completely match the requested categories. Companies may have interpreted data elements differently from each other. Company practices, such as the timing of considering an incident an open claim or of closing a claim may differ by company.

Medical malpractice insurance is available for individuals and for a variety of institutions, including hospitals, clinics, and nursing homes. Insurance companies often specialize in what medical malpractice insurance they write. Differences in data between specialties or types of policyholders may be a result of or compounded by the companies writing the business.

Other factors internal to a company writing the business that affect the results of the study include, but are not limited to, the type of policies written, the limits of insurance requested by policyholders, the size of deductibles, company underwriting considerations and claim practices. Factors external to the company may also affect the report. These may include, but are not limited to, regulation, the legal environment, the general economy, and medical inflation. The report makes no adjustments for and does not attempt to analyze changes in economic conditions, exposures, medical practices, legal climate, rate levels, or medical inflation.

The companies writing medical malpractice insurance in Iowa and the premium volume that each company wrote have changed from year to year. This can have a significant effect on any analysis. No adjustments to the data have been made to reflect shifting business.

The report provides a snapshot of Iowa's medical malpractice insurance market. It includes claims from 2012 and earlier which either were closed in 2012 or remained open at the end of the year for those companies that responded to the data request. Since medical malpractice claims can take years to be reported and closed, the claims closed in a year and open at the end of the year do not correspond to premiums for that year.

Large losses are not individually identified in the report. They are included in the totals and averages.

Aggregate Claim Reports by Specialty of Provider

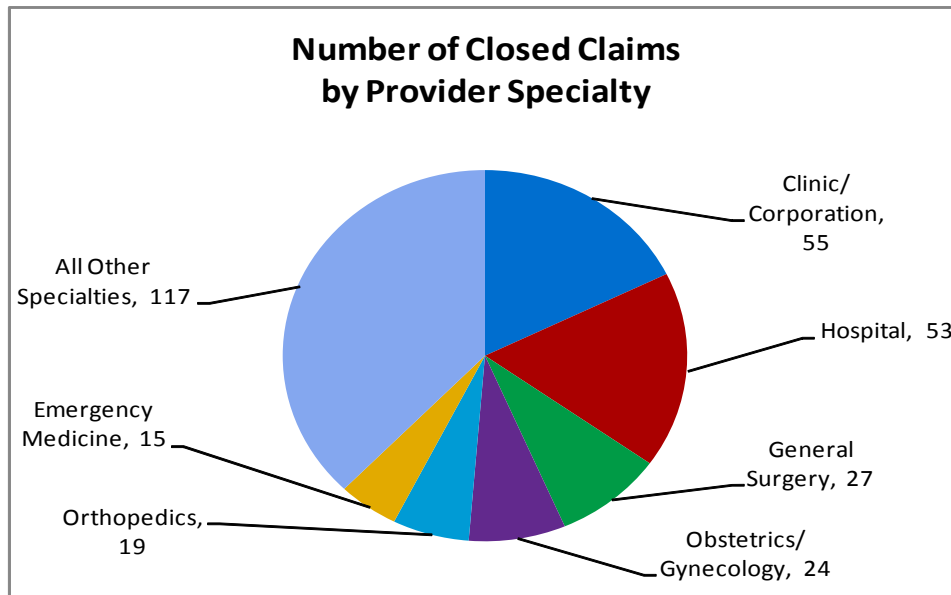
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$85,000. The average incurred losses and allocated loss adjustment expenses for all open claims were about \$171,000. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2012, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2012, regardless of the date of injury or the date reported. The mix of claims, by type, severity, size, will not be the same for the open and closed reports.

Clinics or Corporations and Hospitals again had the highest number of closed claims reported. For open claims, Obstetrics or Gynecology ranked second after Clinics or Corporations. Of closed claims provider specialty categories with 10 or more claims, Obstetrics or Gynecology, had the highest average benefits and allocated loss adjustment expenses paid, followed by General Surgery. For open claims categories with 10 or more claims, Obstetrics or Gynecology had the highest average incurred losses and allocated loss adjustment expenses followed by Family Practice.

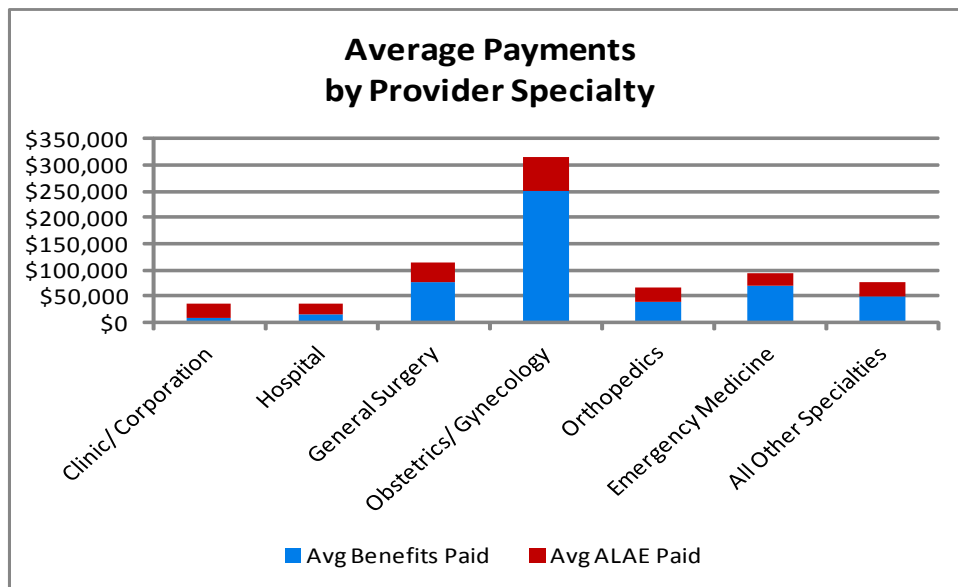
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2012 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Clinic/Corporation	55	\$ 549,760	\$ 1,479,865	\$ 1,043
Hospital	53	800,480	1,075,932	1,130
General Surgery	27	2,085,750	1,025,054	-
Obstetrics/Gynecology	24	5,988,500	1,597,083	-
Orthopedics	19	727,500	518,318	-
Emergency Medicine	15	1,045,000	338,681	6,250
Dentistry	10	251,500	286,865	30,267
Plastic Surgery	10	5,000	187,289	13,500
Radiology	10	105,000	193,091	-
Family Practice	9	1,825,000	508,369	443
Ophthalmology	9	310,000	159,728	-
Internal Medicine	8	318,838	365,542	-
Anesthesiology	6	-	197,961	180
Pathology	5	1,000,000	103,406	-
Other/Unknown	50	1,777,856	1,393,374	2,478
Total	310	\$ 16,790,183	\$ 9,430,558	\$ 55,291



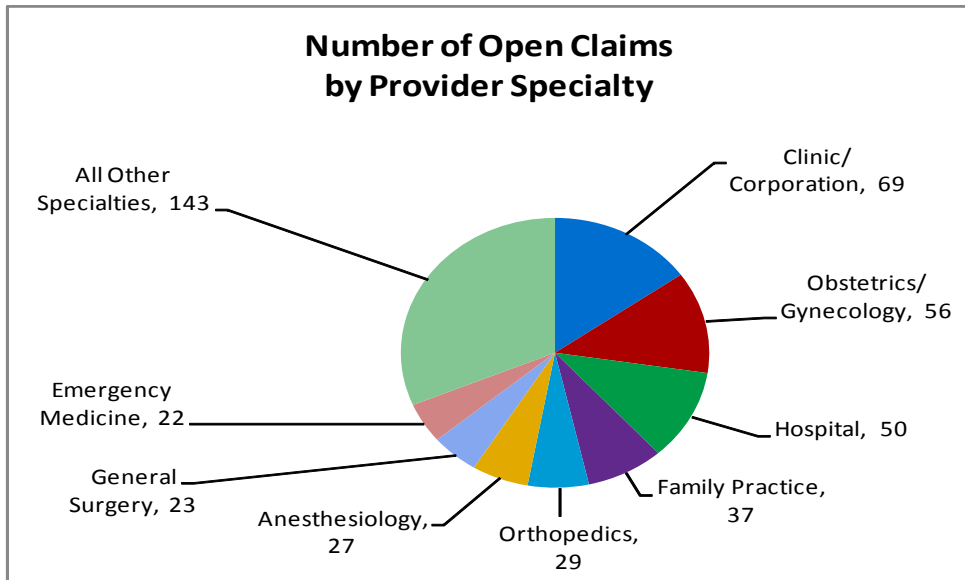
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2012 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Clinic/Corporation	55	\$ 9,996	\$ 26,907	\$ 19
Hospital	53	15,103	20,301	21
General Surgery	27	77,250	37,965	-
Obstetrics/Gynecology	24	249,521	66,545	-
Orthopedics	19	38,289	27,280	-
Emergency Medicine	15	69,667	22,579	417
Dentistry	10	25,150	28,686	3,027
Plastic Surgery	10	500	18,729	1,350
Radiology	10	10,500	19,309	-
Family Practice	9	202,778	56,485	49
Ophthalmology	9	34,444	17,748	-
Internal Medicine	8	39,855	45,693	-
Anesthesiology	6	-	32,994	30
Pathology	5	200,000	20,681	-
Other/Unknown	50	35,557	27,867	50
Total	310	\$ 54,162	\$ 30,421	\$ 178



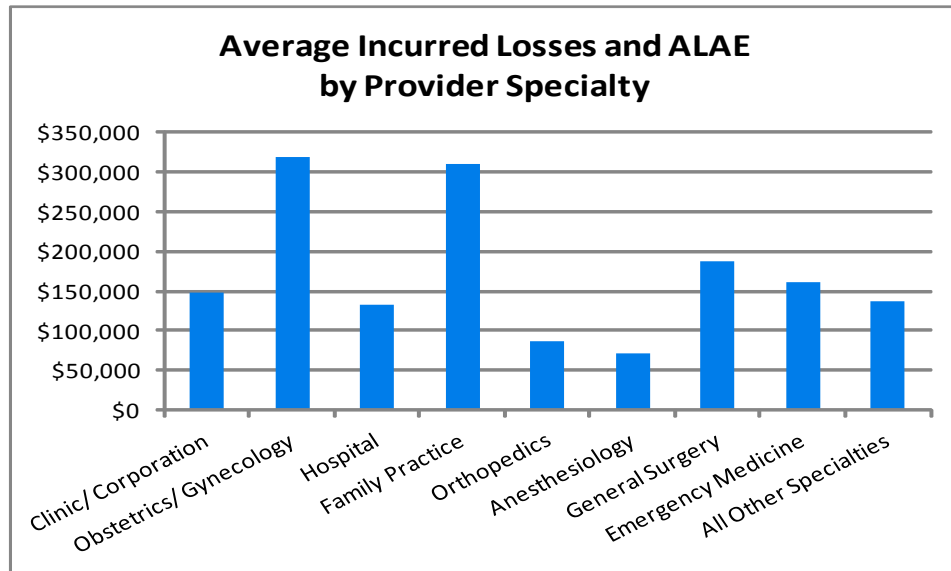
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2012 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
Clinic/Corporation	69	\$ 2,249	\$ 1,654,175	\$ 8,573,642
Obstetrics/Gynecology	56	1,217	1,796,758	16,063,708
Hospital	50	13,445	1,523,859	5,082,319
Family Practice	37	209,299	1,863,382	9,384,866
Orthopedics	29	-	338,851	2,146,128
Anesthesiology	27	-	419,693	1,495,001
General Surgery	23	-	360,277	3,940,384
Emergency Medicine	22	375,000	599,007	2,568,219
Dentistry	20	21,000	217,921	640,810
Cardiology	15	-	483,045	1,663,923
Radiology	10	-	104,083	838,279
Healthcare Facility	9	227,494	35,090	1,524,317
Podiatry	8	-	84,965	420,670
Plastic Surgery	8	-	47,742	1,078,028
Chiropractic	8	-	631,043	735,000
Neurology	7	-	160,253	2,515,000
Internal Medicine	7	-	80,211	1,258,623
Other/Unknown	51	10,521	869,916	5,906,281
Total	456	\$ 860,225	\$ 11,270,272	\$ 65,835,198



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2012 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated LAE Paid	Average Reserve for Incurred and Reported but not Disposed
Clinic/Corporation	69	\$ 33	\$ 23,974	\$ 124,256
Obstetrics/Gynecology	56	22	32,085	286,852
Hospital	50	269	30,477	101,646
Family Practice	37	5,657	50,362	253,645
Orthopedics	29	-	11,685	74,004
Anesthesiology	27	-	15,544	55,370
General Surgery	23	-	15,664	171,321
Emergency Medicine	22	17,045	27,228	116,737
Dentistry	20	1,050	10,896	32,040
Cardiology	15	-	32,203	110,928
Radiology	10	-	10,408	83,828
Healthcare Facility	9	25,277	3,899	169,369
Podiatry	8	-	10,621	52,584
Plastic Surgery	8	-	5,968	134,753
Chiropractic	8	-	78,880	91,875
Neurology	7	-	22,893	359,286
Internal Medicine	7	-	11,459	179,803
Other/Unknown	51	206	17,057	115,809
Total	456	\$ 1,886	\$ 24,716	\$ 144,375



Aggregate Claim Reports by Nature of Claim

Companies were asked to classify each claim reported by a number of alleged cause of loss descriptions. Most companies used the provided descriptions to categorize the claims. For those claims that were not assigned to one of the listed cause of loss descriptions, one was assigned if it reasonably fit the description provided by the company. Otherwise the claim was listed in the Other/Unknown category.

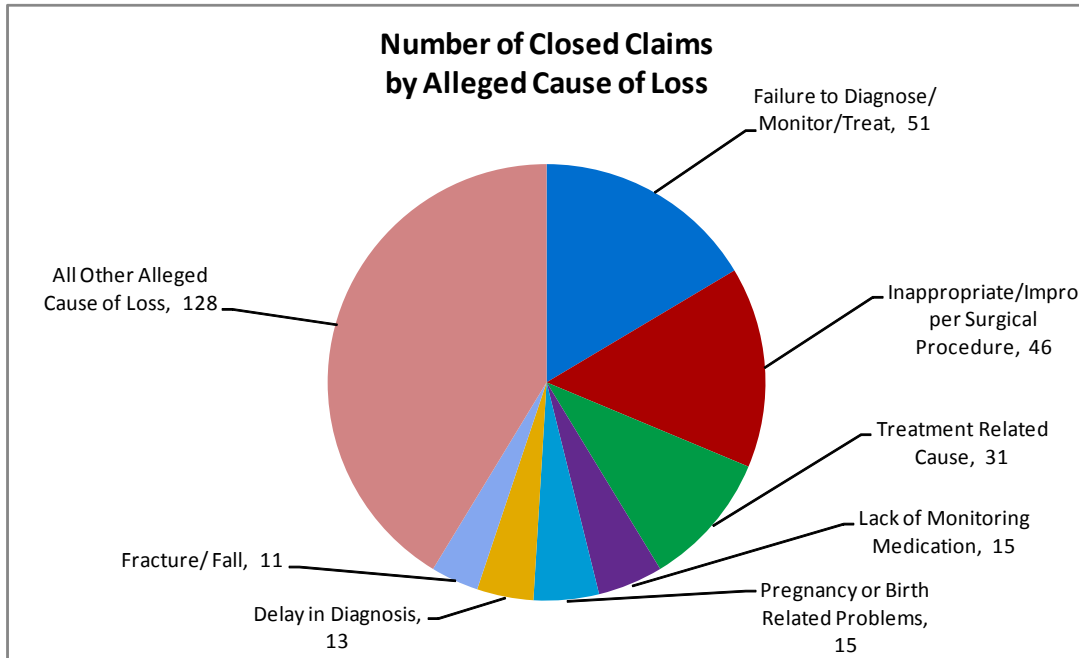
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

For closed claims Failure to Diagnose, Monitor, or Treat produced the most claims while Pregnancy or Birth Related Problems had on average the costliest claims at nearly \$460,000.

The most open claims were from Treatment Related Causes. The claims with the highest average incurred losses and allocated loss adjustment expenses were again from the Pregnancy or Birth Related Problems, with over \$400,000 in average reserves.

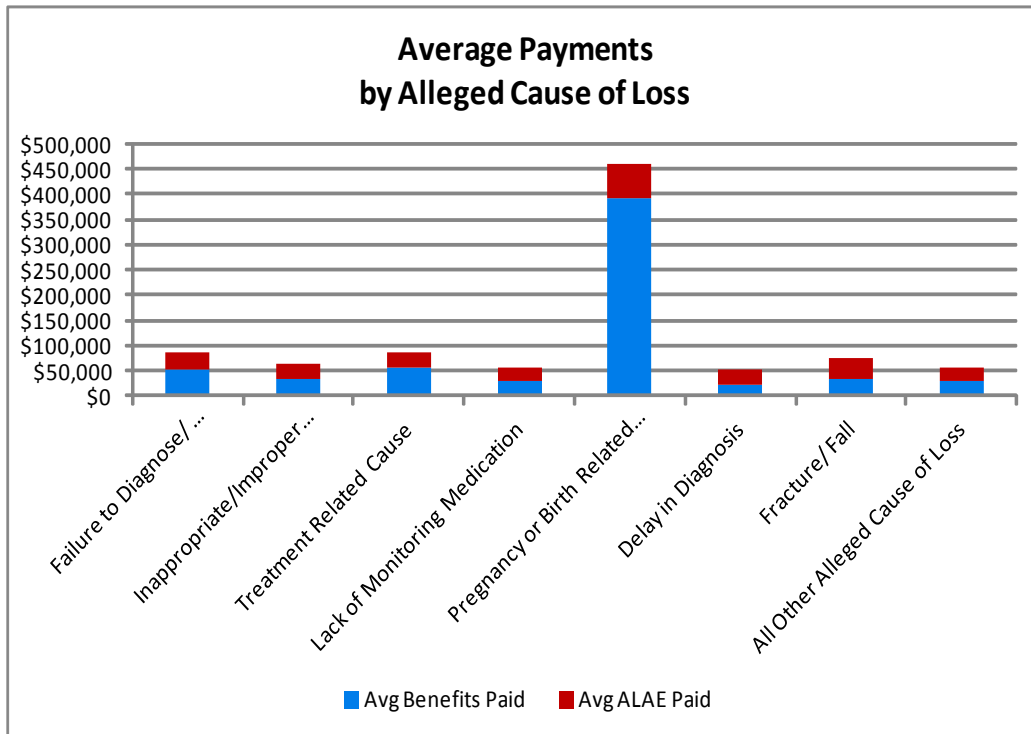
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2012 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Failure to Diagnose/Monitor/Treat	51	\$ 2,651,000	\$ 1,704,496	\$ 18,357
Inappropriate/Improper Surgical Procedure	46	1,556,375	1,436,188	4,626
Treatment Related Cause	31	1,745,060	943,335	31,036
Lack of Monitoring Medication	15	435,000	398,303	984
Pregnancy or Birth Related Problems	15	5,875,000	1,010,778	-
Delay in Diagnosis	13	300,000	360,748	-
Fracture/Fall	11	351,780	479,261	-
Lack of Supervision or Control	6	272,912	63,383	-
Instrument/Sponge Left after Surgery	5	25,000	155,050	-
Unnecessary Surgical Procedure	5	790,000	134,062	-
Other/Unknown	112	2,788,056	2,744,953	288
Total	310	\$ 16,790,183	\$ 9,430,558	\$ 55,291



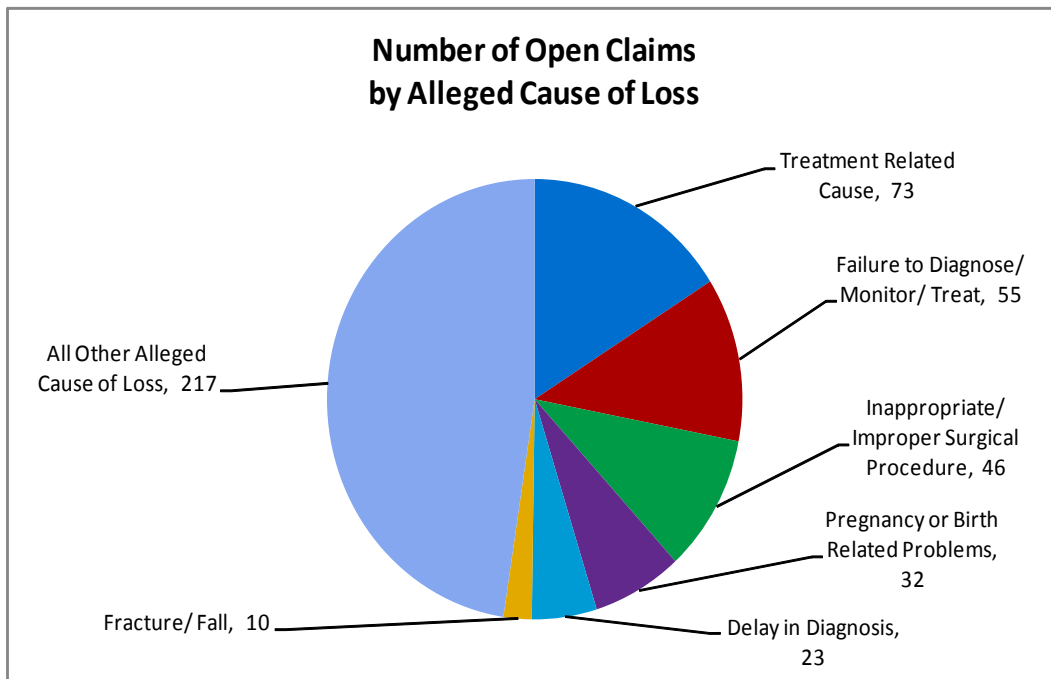
**Iowa Insurance Division
Closed Claims Average Benefits and Expenses
Calendar Year 2012 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Failure to Diagnose/Monitor/Treat	51	\$ 51,980	\$ 33,421	\$ 360
Inappropriate/Improper Surgical Procedure	46	33,834	31,221	101
Treatment Related Cause	31	56,292	30,430	1,001
Lack of Monitoring Medication	15	29,000	26,554	66
Pregnancy or Birth Related Problems	15	391,667	67,385	-
Delay in Diagnosis	13	23,077	27,750	-
Fracture/Fall	11	31,980	43,569	-
Lack of Supervision or Control	6	45,485	10,564	-
Instrument/Sponge Left after Surgery	5	5,000	31,010	-
Unnecessary Surgical Procedure	5	158,000	26,812	-
Other/Unknown	112	24,893	24,509	3
Total	310	\$ 54,162	\$ 30,421	\$ 178



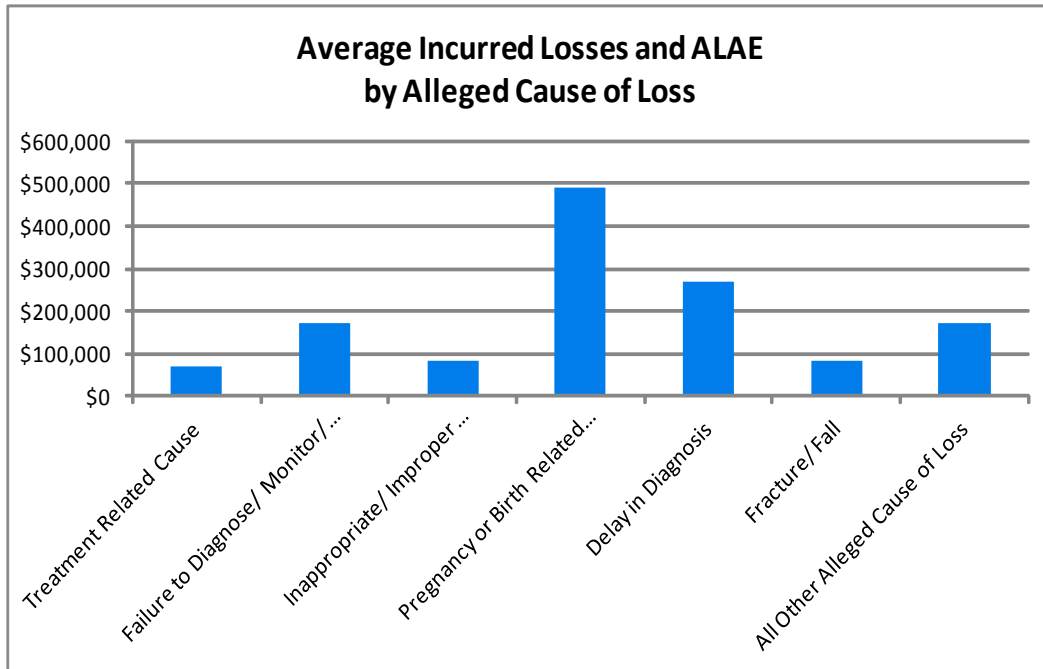
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2012 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
Treatment Related Cause	73	\$ 21,000	\$ 1,249,381	\$ 3,845,919
Failure to Diagnose/Monitor/Treat	55	385,521	1,265,332	7,744,842
Inappropriate/Improper Surgical Procedure	46	1,217	560,857	3,263,373
Pregnancy or Birth Related Problems	32	-	2,329,307	13,353,724
Delay in Diagnosis	23	209,299	541,610	5,412,500
Fracture/Fall	10	2,249	153,393	652,362
Wrong Diagnosis	7	227,494	-	999,697
Diseases/Medical Condition	5	-	104,099	480,000
Instrument/Sponge Left after Surgery	5	-	61,433	315,117
Misdiagnosis	5	-	870,504	3,475,000
Post-Operative Complications	5	-	47,118	311,174
Other/Unknown	190	13,445	4,087,237	25,981,491
Total	456	\$ 860,225	\$ 11,270,272	\$ 65,835,198



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2012 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated LAE Paid	Average Reserve for Incurred and Reported but not Disposed
Treatment Related Cause	73	\$ 288	\$ 17,115	\$ 52,684
Failure to Diagnose/Monitor/Treat	55	7,009	23,006	140,815
Inappropriate/Improper Surgical Procedure	46	26	12,193	70,943
Pregnancy or Birth Related Problems	32	-	72,791	417,304
Delay in Diagnosis	23	9,100	23,548	235,326
Fracture/Fall	10	225	15,339	65,236
Wrong Diagnosis	7	32,499	-	142,814
Diseases/Medical Condition	5	-	20,820	96,000
Instrument/Sponge Left after Surgery	5	-	12,287	63,023
Misdiagnosis	5	-	174,101	695,000
Post-Operative Complications	5	-	9,424	62,235
Other/Unknown	190	71	21,512	136,745
Total	456	\$ 1,886	\$ 24,716	\$ 144,375



Aggregate Claim Reports by Substance of Claim

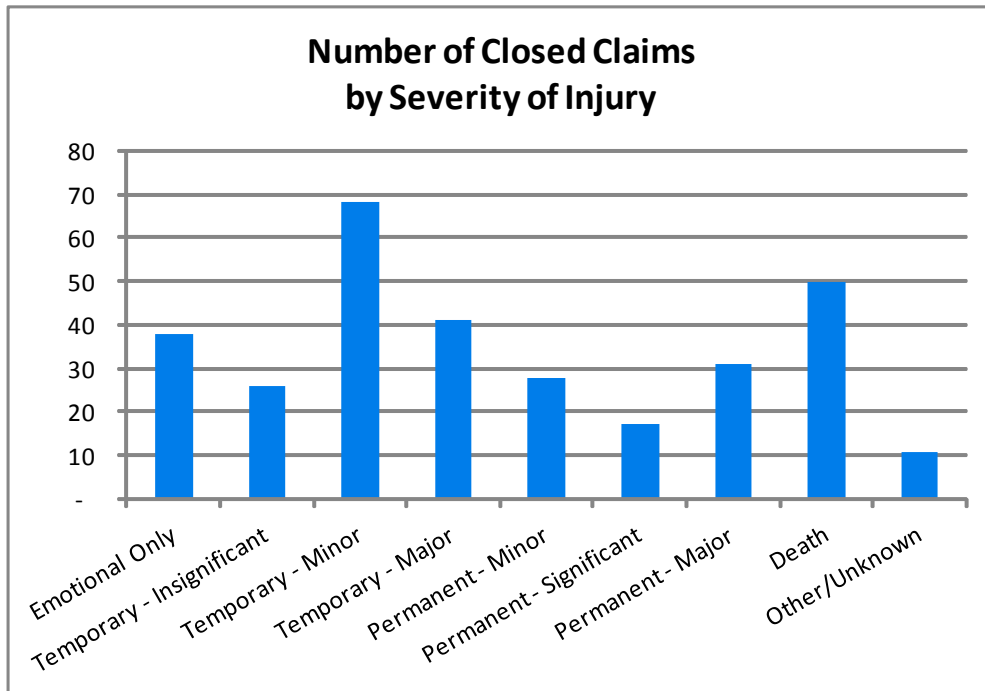
Companies were asked to classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary - Minor (e.g. infections, fracture, fall in hospital; recovery delayed)
- Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)
- Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries)
- Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
- Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
- Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
- Death

For closed claims, most were categorized as Temporary - Minor claims, with the costliest claims on average being for those categorized as Permanent – Significant. For open claims, most were Death claims, with the highest average incurred losses and allocated loss adjustment expenses again being for Grave claims. Average paid losses and expenses for closed claims by category ranged from about \$30,000 to nearly \$250,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$35,000 to nearly \$700,000.

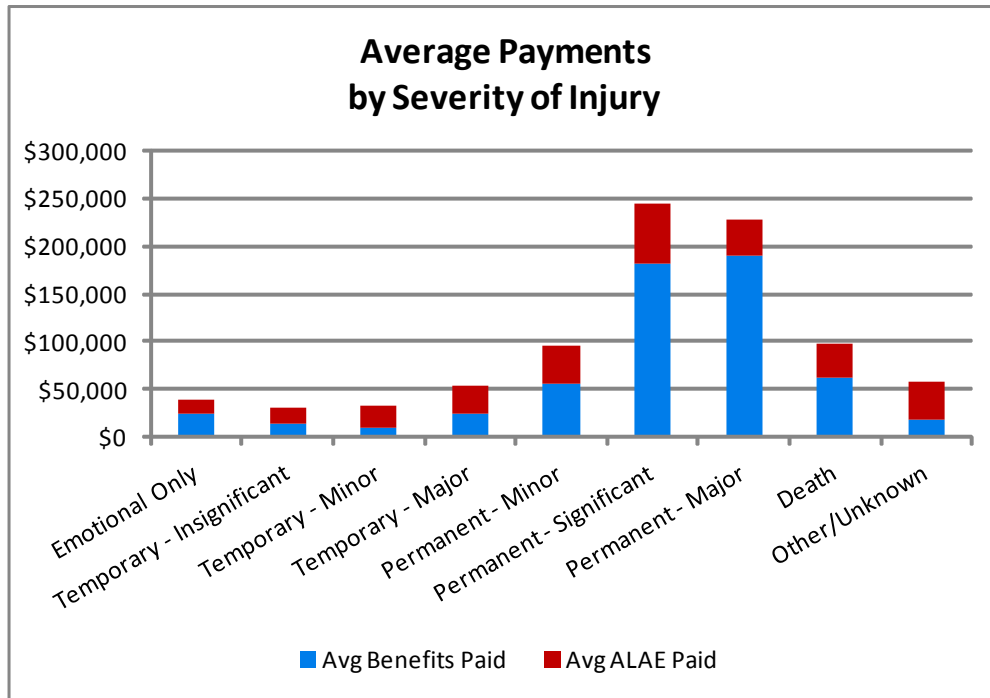
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2012 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	38	\$ 918,218	\$ 608,451	\$ 180
Temporary - Insignificant	26	362,138	441,747	-
Temporary - Minor	68	738,625	1,497,746	30,267
Temporary - Major	41	963,040	1,235,927	14,976
Permanent - Minor	28	1,542,463	1,134,281	2,119
Permanent - Significant	17	3,090,135	1,074,618	-
Permanent - Major	31	5,896,000	1,178,795	-
Death	50	3,068,000	1,840,341	7,641
Other/Unknown	11	211,565	418,651	108
Total	310	\$ 16,790,183	\$ 9,430,558	\$ 55,291



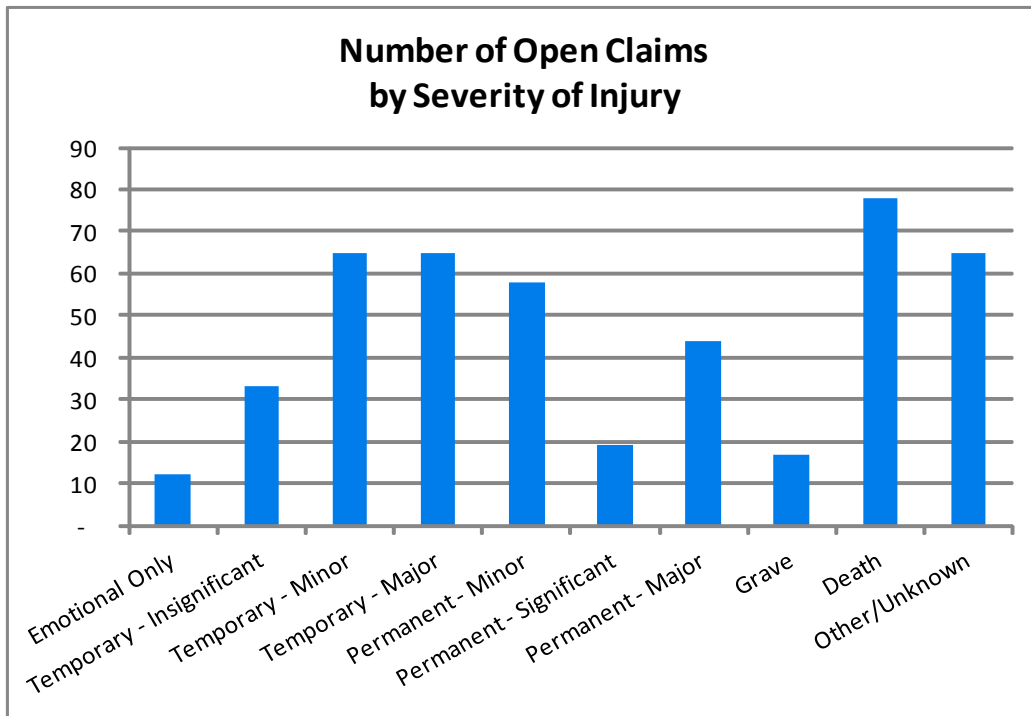
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2012 - By Severity of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	38	\$ 24,164	\$ 16,012	\$ 5
Temporary - Insignificant	26	13,928	16,990	-
Temporary - Minor	68	10,862	22,026	445
Temporary - Major	41	23,489	30,145	365
Permanent - Minor	28	55,088	40,510	76
Permanent - Significant	17	181,773	63,213	-
Permanent - Major	31	190,194	38,026	-
Death	50	61,360	36,807	153
Other/Unknown	11	19,233	38,059	10
Total	310	\$ 54,162	\$ 30,421	\$ 178



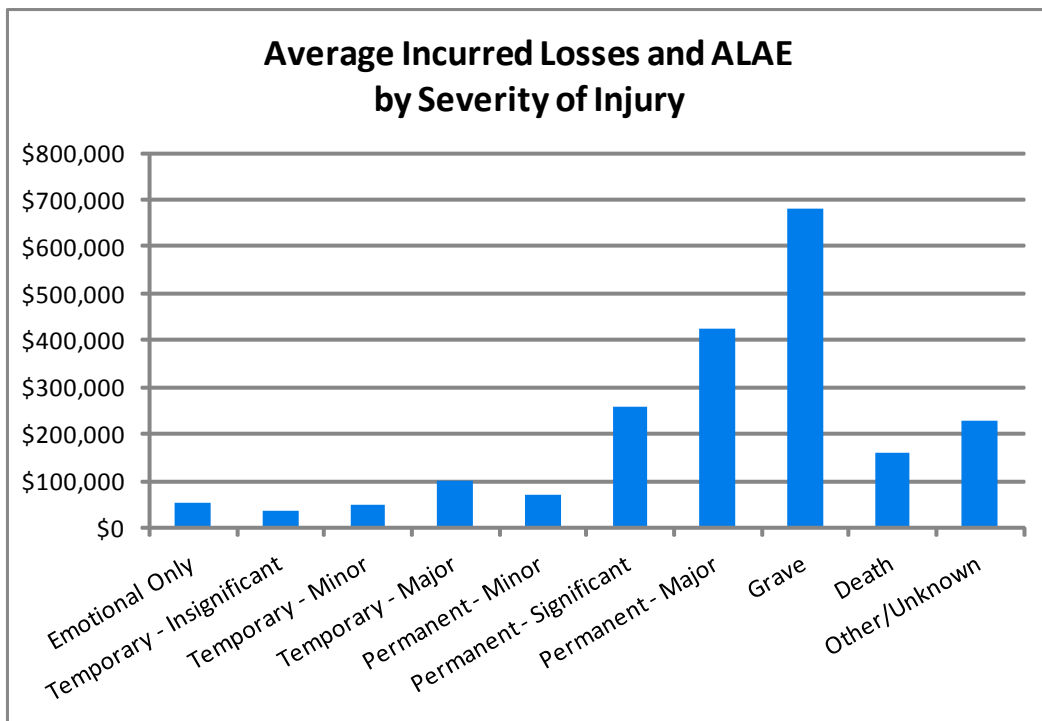
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2012 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
Emotional Only	12	\$ -	\$ 265,359	\$ 376,431
Temporary - Insignificant	33	21,427	75,498	1,115,867
Temporary - Minor	65	33,624	794,597	2,436,126
Temporary - Major	65	1,400	670,484	5,813,142
Permanent - Minor	58	1,217	678,290	3,365,098
Permanent - Significant	19	-	748,431	4,135,670
Permanent - Major	44	209,299	1,998,008	16,565,833
Grave	17	-	2,572,094	9,019,999
Death	78	593,258	1,399,863	10,359,534
Other/Unknown	65	-	2,067,649	12,647,498
Total	456	\$ 860,225	\$ 11,270,272	\$ 65,835,198



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2012 - By Severity of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated LAE Paid	Average Reserve for Incurred and Reported but not Disposed
Emotional Only	12	\$ -	\$ 22,113	\$ 31,369
Temporary - Insignificant	33	649	2,288	33,814
Temporary - Minor	65	517	12,225	37,479
Temporary - Major	65	22	10,315	89,433
Permanent - Minor	58	21	11,695	58,019
Permanent - Significant	19	-	39,391	217,667
Permanent - Major	44	4,757	45,409	376,496
Grave	17	-	151,300	530,588
Death	78	7,606	17,947	132,815
Other/Unknown	65	-	31,810	194,577
Total	456	\$ 1,886	\$ 24,716	\$ 144,375



Reports by Company

The following summaries provide data by company for closed and open claims.

As described earlier in the report, in cases where a company did not use the categories provided in the data call to identify claims, if a category could be reasonably assigned, that was done. Otherwise, the claim was listed in the Other/Unknown category. Midwest Medical Insurance Company provided additional specialties that were included within this section, but not in the Aggregate Claim Reports by Specialty of Provider section. Any categories with less than five claims were combined and reported in total for the company.

Companies with fewer than five claims in total were reported as a group. Below are the grouped companies for the closed claim exhibits and for the open claim exhibits.

Companies Grouped for Closed Claim Report

Ace American Insurance Company
AMCO Insurance Company
Cincinnati Insurance Company, The
COPIC Insurance Company
Darwin National Assurance Company
National Union Fire Insurance Company of Pittsburgh, P.A.
Podiatry Insurance Company of America
Preferred Professional Insurance Company

Companies Grouped for Open Claim Report

Ace American Insurance Company
Church Mutual Insurance Company
Cincinnati Insurance Company, The
COPIC Insurance Company
Darwin National Assurance Company
Doctors Company, The
ISMIE Mutual Insurance Company
Pharmacists Mutual Insurance Company
Podiatry Insurance Company of America

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Specialty
Calendar Year 2012**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	All/Unknown	5	\$ 234,000	\$ 138,490	\$ 32,745
Doctors Company, The					
	All/Unknown	10	-	175,372	13,500
ISMIE Mutual Insurance Company					
	All/Unknown	6	16,000	106,322	-
Medical Protective Company, The					
	Clinic/Corporation	6	180,375	267,309	-
	All/Unknown	12	1,085,000	633,821	-
MHA Insurance Company					
	General Surgery	7	72,500	214,715	-
	All/Unknown	9	61,780	200,469	-
MMIC Insurance, Inc.					
	General Surgery	11	824,250	538,481	-
	Internal Medicine	5	288,000	163,625	-
	Obstetrics/Gynecology	18	5,737,500	1,328,130	-
	Orthopedics	14	667,500	271,687	-
	Hospital	15	151,875	238,421	-
	Clinic/Corporation	25	19,250	444,778	-
	Bariatric	11	590,000	476,855	-
	All/Unknown	23	1,110,000	652,854	-
NCMIC Insurance Company					
	Ophthalmology	8	310,000	149,628	-
	Radiology	6	-	110,478	-
	All/Unknown	5	543,218	205,839	-
ProAssurance Insurance Companies					
	Emergency Medicine	6	250,000	192,476	6,250
	Hospital	31	606,824	601,013	1,130
	Clinic/Corporation	21	350,135	719,299	1,043
	All/Unknown	28	2,731,838	1,081,755	623
Zurich American Insurance Company					
	All/Unknown	8	293,000	121,215	-
Grouped Companies					
	Bariatric	5	10,000	228,618	-
	All/Unknown	15	657,138	168,908	-
Total		310	\$ 16,790,183	\$ 9,430,558	\$ 55,291

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Specialty
Calendar Year 2012**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company					
	Healthcare Facility	7	\$ 227,494	\$ -	\$ 999,697
C N A Insurance Companies					
	Anesthesiology	20	-	299,324	995,001
	Dentistry	14	-	56,576	277,964
	All/Unknown	8	10,521	16,737	282,910
Medical Protective Company, The					
	Clinic/Corporation	7	-	106,879	397,078
	All/Unknown	12	-	228,924	1,305,851
MHA Insurance Company					
	Emergency Medicine	7	-	42,122	985,000
	Obstetrics/Gynecology	5	-	258,138	2,750,000
	Hospital	5	3,445	38,970	181,555
	All/Unknown	8	-	52,151	395,000
MMIC Insurance, Inc.					
	Anesthesiology	7	-	120,370	500,000
	Family Practice	19	209,299	952,476	5,365,000
	General Surgery	11	-	214,289	2,330,000
	Neurology	6	-	158,620	2,005,000
	Obstetrics/Gynecology	37	-	1,127,351	9,573,750
	Orthopedics	11	-	180,667	1,075,000
	Hospital	19	-	554,787	2,613,750
	Clinic/Corporation	31	2,249	344,559	3,638,930
	Bariatric	23	-	378,101	2,952,500
	All/Unknown	23	-	463,439	3,645,000
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All/Unknown	8	10,000	119,080	580,000
NCMIC Insurance Company					
	Cardiology	9	-	90,390	565,000
	Orthopedics	11	-	88,989	445,000
	Chiropractic	8	-	631,043	735,000
	All/Unknown	6	-	63,313	260,000
Preferred Professional Insurance Company					
	All/Unknown	7	-	198,637	150,051
ProAssurance Insurance Companies					
	Family Practice	14	-	884,156	3,965,844
	General Surgery	5	-	41,616	735,384
	Obstetrics/Gynecology	8	-	338,966	3,404,958
	Orthopedics	5	-	49,872	572,128
	Hospital	23	-	915,488	2,282,014
	Clinic/Corporation	24	-	1,158,966	4,247,534
	All/Unknown	22	-	751,046	3,643,955
Zurich American Insurance Company					
	All/Unknown	5	376,217	107,066	-
Grouped Companies					
	Podiatry	6	-	66,168	415,670
	All/Unknown	15	21,000	170,997	1,563,674
Total		456	\$ 860,225	\$ 11,270,272	\$ 65,835,198

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Nature of Claim
Calendar Year 2012**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	All/Unknown	5	\$ 234,000	\$ 138,490	\$ 32,745
Doctors Company, The					
	All/Unknown	10	-	175,372	13,500
ISMIE Mutual Insurance Company					
	All/Unknown	6	16,000	106,322	-
Medical Protective Company, The					
	Treatment Related Cause	6	1,157,463	422,669	-
	All/Unknown	12	107,912	478,462	-
MHA Insurance Company					
	Inappropriate/Improper Surgical Procedure	5	40,000	164,458	-
	All/Unknown	11	94,280	250,726	-
MMIC Insurance, Inc.					
	Failure to Diagnose/Monitor/Treat	11	988,000	272,997	-
	Delay in Diagnosis	8	300,000	255,016	-
	Inappropriate/Improper Surgical Procedure	11	1,029,375	419,780	-
	Pregnancy or Birth Related Problems	13	5,537,500	938,088	-
	Fracture/Fall	7	287,500	336,974	-
	All/Unknown	72	1,246,000	1,891,977	-
NCMIC Insurance Company					
	Lack of Monitoring Medication	7	110,000	132,427	-
	All/Unknown	12	743,218	333,517	-
ProAssurance Insurance Companies					
	Failure to Diagnose/Monitor/Treat	24	1,650,000	981,107	6,717
	Inappropriate/Improper Surgical Procedure	14	451,000	366,301	289
	Treatment Related Cause	5	38,597	239,729	769
	All/Unknown	43	1,799,200	1,007,407	1,272
Zurich American Insurance Company					
	All/Unknown	8	293,000	121,215	-
Grouped Companies					
	Treatment Related Cause	8	192,500	29,040	-
	All/Unknown	12	474,638	368,486	-
Total		310	\$ 16,790,183	\$ 9,430,558	\$ 55,291

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Nature of Claim
Calendar Year 2012**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company					
	Wrong Diagnosis	7	\$ 227,494	\$ -	\$ 999,697
C N A Insurance Companies					
	Treatment Related Cause	33	-	80,363	1,207,965
	All/Unknown	9	10,521	292,273	347,910
Medical Protective Company, The					
	Inappropriate/Improper Surgical Procedure	5	-	54,548	597,850
	Pregnancy or Birth Related Problems	7	-	34,947	556,000
	All/Unknown	7	-	246,308	549,078
MHA Insurance Company					
	Delay in Diagnosis	5	-	122,860	875,000
	Treatment Related Cause	12	-	84,832	455,000
	All/Unknown	8	3,445	183,689	2,981,555
MMIC Insurance, Inc.					
	Failure to Diagnose/Monitor/Treat	16	-	576,160	2,790,000
	Misdiagnosis	5	-	870,504	3,475,000
	Delay in Diagnosis	14	209,299	332,649	4,360,000
	Inappropriate/Improper Surgical Procedure	19	-	335,699	1,500,000
	Treatment Related Cause	7	-	77,334	360,000
	Pregnancy or Birth Related Problems	18	-	627,959	8,235,000
	Fracture/Fall	7	2,249	138,846	360,000
	All/Unknown	101	-	1,535,507	12,618,930
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All/Unknown	8	10,000	119,080	580,000
NCMIC Insurance Company					
	Failure to Diagnose/Monitor/Treat	5	-	14,321	325,000
	Treatment Related Cause	14	-	751,015	1,190,000
	All/Unknown	15	-	108,399	490,000
Preferred Professional Insurance Company					
	All/Unknown	7	-	198,637	150,051
ProAssurance Insurance Companies					
	Failure to Diagnose/Monitor/Treat	18	-	504,645	2,354,355
	Inappropriate/Improper Surgical Procedure	7	-	20,649	654,853
	All/Unknown	76	-	3,614,815	15,842,610
Zurich American Insurance Company					
	All/Unknown	5	376,217	107,066	-
Grouped Companies					
	Inappropriate/Improper Surgical Procedure	7	-	77,661	355,670
	All/Unknown	14	21,000	159,504	1,623,674
Total		456	\$ 860,225	\$ 11,270,272	\$ 65,835,198

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Substance of Claim
Calendar Year 2012**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	All/Unknown	5	\$ 234,000	\$ 138,490	\$ 32,745
Doctors Company, The					
	All/Unknown	10	-	175,372	13,500
ISMIE Mutual Insurance Company					
	All/Unknown	6	16,000	106,322	-
Medical Protective Company, The					
	Temporary - Minor	5	22,912	173,734	-
	Permanent - Minor	6	1,232,463	462,892	-
	All/Unknown	7	10,000	264,504	-
MHA Insurance Company					
	Temporary - Major	6	62,780	301,256	-
	All/Unknown	10	71,500	113,928	-
MMIC Insurance, Inc.					
	Emotional Only	19	2,500	296,394	-
	Temporary - Minor	24	340,375	774,294	-
	Temporary - Major	9	332,500	181,769	-
	Permanent - Minor	9	250,000	301,838	-
	Permanent - Major	26	5,745,000	1,034,100	-
	Death	26	2,518,000	1,113,718	-
	All/Unknown	9	200,000	412,718	-
NCMIC Insurance Company					
	Temporary - Insignificant	10	200,000	281,943	-
	All/Unknown	9	653,218	184,002	-
ProAssurance Insurance Companies					
	Emotional Only	5	-	120,775	180
	Temporary - Minor	25	118,338	336,773	-
	Temporary - Major	12	107,759	342,357	1,117
	Permanent - Minor	6	60,000	148,897	-
	Permanent - Significant	12	3,090,135	938,462	-
	Death	14	400,000	431,333	7,641
	All/Unknown	12	162,565	275,947	108
Zurich American Insurance Company					
	All/Unknown	8	293,000	121,215	-
Grouped Companies					
	Temporary - Insignificant	6	92,138	6,595	-
	Death	5	150,000	290,253	-
	All/Unknown	9	425,000	100,678	-
Total		310	\$ 16,790,183	\$ 9,430,558	\$ 55,291

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Substance of Claim
Calendar Year 2012**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
AMCO Insurance Company					
	All/Unknown	7	\$ 227,494	\$ -	\$ 999,697
C N A Insurance Companies					
	Temporary - Insignificant	19	427	13,185	812,720
	Temporary - Minor	12	10,094	325,286	299,452
	Temporary - Major	6	-	11,726	103,700
	All/Unknown	5	-	22,439	340,003
Medical Protective Company, The					
	Temporary - Major	7	-	247,211	561,500
	Permanent - Minor	5	-	28,888	526,000
	All/Unknown	7	-	59,704	615,428
MHA Insurance Company					
	Temporary - Major	9	-	45,798	445,000
	All/Unknown	16	3,445	345,583	3,866,555
MMIC Insurance, Inc.					
	Temporary - Minor	30	2,249	186,208	976,250
	Temporary - Major	18	-	173,934	2,117,500
	Permanent - Minor	34	-	363,859	1,806,250
	Permanent - Significant	9	-	271,821	2,065,000
	Permanent - Major	35	209,299	1,489,252	13,932,500
	Grave	10	-	969,806	6,345,000
	Death	41	-	773,602	6,100,000
	All/Unknown	10	-	266,176	356,430
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All/Unknown	8	10,000	119,080	580,000
NCMIC Insurance Company					
	Temporary - Major	11	-	47,410	395,000
	Permanent - Minor	8	-	86,315	410,000
	Permanent - Significant	5	-	357,983	560,000
	All/Unknown	10	-	382,028	640,000
Preferred Professional Insurance Company					
	All/Unknown	7	-	198,637	150,051
ProAssurance Insurance Companies					
	Temporary - Insignificant	5	-	8,258	167,243
	Temporary - Major	11	-	118,558	1,370,443
	Death	10	-	258,862	1,541,138
	All/Unknown	75	-	3,754,431	15,772,994
Zurich American Insurance Company					
	All/Unknown	5	376,217	107,066	-
Grouped Companies					
	Temporary - Minor	10	-	105,582	805,000
	All/Unknown	11	21,000	131,583	1,174,344
Total		456	\$ 860,225	\$ 11,270,272	\$ 65,835,198



TERRY E. BRANSTAD
GOVERNOR

SUSAN E. VOSS
COMMISSIONER OF INSURANCE

KIM REYNOLDS
LT. GOVERNOR

DATE: March 15, 2013
FROM: Iowa Insurance Division
TO: All Admitted Insurance Companies Writing Medical Malpractice Insurance
in Iowa

ANNUAL REPORT

LINE(S) OF BUSINESS: Medical Professional Liability Insurance per Line #11 of the Annual Statement.

REPORTING COMPANIES: All companies licensed by the Iowa Insurance Division to write the line(s) of business noted above, with direct written premiums on or after January 1, 2012 through December 31, 2012.

DATA REQUESTED: Regarding *closed claims* and *open claims*.

DUE DATE: June 1, 2013

IID CONTACT PERSON: Karen Armstrong karen.armstrong@iid.iowa.gov

GENERAL INSTRUCTIONS

The following pages provide detailed directions for completing the report. The report must be submitted in the format provided. Record layout and formatting instructions will be found on subsequent pages. The report should consist of two EXCEL spreadsheets, one for closed claims and one for open claims, and the contact information sheet. The report should be submitted via e-mail to Karen Armstrong at medmal@iid.iowa.gov by June 1, 2013.

MEDICAL PROFESSIONAL LIABILITY (MEDICAL MALPRACTICE) INSURANCE CLOSED AND OPEN CLAIM REPORT REPORT INSTRUCTIONS/SPECIFICATIONS

1. Please provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits closed or disposed of on or after January 1, 2012 through December 31, 2012. Also provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits open as of December 31, 2012.
 2. A claim for the purpose of this report is a formal or written demand for compensation under a medical professional liability, medical malpractice, insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.
 3. A lawsuit for the purpose of this report is a complaint filed in any court in this state alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.
 4. If more than one insured is associated with an incident, report separately for each insured.
 5. If more than one injured party is associated with an incident, report separately for each injured party.
 6. If a claimant filed claims for the same injury under more than one policy, report separately for each policy.
 7. Include only direct business.
 8. If a claim has been reopened, but had not yet closed as of December 31, 2012, report this only within the open claims report.
 9. If a claim was reopened and then closed within the period from January 1, 2012 through December 31, 2012, only include in the closed claims report.
 10. Submit information for each closed claim, whether closed with or without payment.
 11. Submit information for each open claim, whether a reserve amount has been established or not.
-

MEDICAL PROFESSIONAL LIABILITY (MEDICAL MALPRACTICE) INSURANCE CLOSED AND OPEN CLAIM REPORT ELECTRONIC REPORTING INSTRUCTIONS

1. Please provide data in an EXCEL spreadsheet in accordance with the attached open and closed record layouts.
2. Please provide a separate spreadsheet for the closed claims report and a separate spreadsheet for the open claims report.
3. Companies within a group may report as a group rather than submitting separate reports for each company.
4. Each claim should be reported on one row within the appropriate spreadsheet, either the open claims spreadsheet or the closed claims spreadsheet.
5. Provide a separate document with the additional codes to explain the specified column when the date provided includes more codes than the closed and open layouts.
6. Data must be entered in the spreadsheets according to the definitions and report layout provided. To be accepted data must be entered in date format as MM/DD/YYYY for dates; numeric format for dollar amounts, numbers, and any designated codes; and alpha-numeric format for other entries. For any columns where "Other" is chosen, enter in alpha-numeric format. Do not use formulas in the cells.
7. Please submit your completed EXCEL spreadsheets and a copy of the Contact Information sheet via e-mail to Karen Armstrong at medmal@iid.iowa.gov. The EXCEL spreadsheets may be zipped using the WinZip program if the file is too large for e-mail.
8. The report is due June 1, 2013.
9. If you have any questions, feel free to e-mail or call either Karen Armstrong at karen.armstrong@iid.iowa.gov, 515-281-4450 or Ramona Lee at ramona.lee@iid.iowa.gov, 515-281-4095.

DEFINITIONS

Admitted Insurance Company – An insurer who has been licensed by the insurance division within the state to write specific lines of business.

Allocated Loss Adjustment Expenses – Expenses attributable to a particular claim (direct defense and cost containment expenses).

Calendar Year – January 1 through December 31.

Claim – A formal or written demand for compensation under a medical professional liability insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

Closed Claim – A claim for which no further action is expected; final payment if any has been made. Report all claims closed within the reporting period regardless the date they were reported to the company.

Deductible – An amount of money set within a policy that must be paid by an insured before the insurer is liable for any payments.

Direct Business – Policies written by an insurer without consideration of reinsurance.

Loss Reserve – The liability established to pay for a claim.

Paid Losses (Indemnity Payment) – Losses, but not expenses, paid to a claimant to close a claim.

Lawsuit – A complaint filed in any court in Iowa alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

Limit of Insurance – The maximum amount an insurer will pay as set forth in a contract of insurance.

Open Claim – A claim for which further action is expected; the final payment has not been completed. Report all claims opened at the end of the calendar year regardless the date they were filed.

Reinsurance – Insurance coverage for the risks covered by other insurance companies.

Reopened Claim – A claim that had been closed, but for some reason, needs further action or payment.

Reserves – The liability set up to pay for a claim when the claim is ultimately closed. Reserves may be established for potential loss payments and allocated loss adjustment expenses separately or combined.

Reserves for Payment of Claims Incurred and Reported but not Disposed – The liability set up to pay for a claim when the claim is ultimately closed. Report reserves on all open claims during the calendar year that continue to be open at year-end.

Self-Insurance – A program in which an individual or entity assumes all or a portion of the risk for its medical professional liability, medical malpractice, claims.

Subrogation – Reimbursement by a party responsible for a payment to another party that had paid the amount.

ALLEGED INJURY

Please classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary – Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary – Minor (e.g. infections, fracture, fall in hospital; recovery delayed)
- Temporary – Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)
- Permanent – Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries)
- Permanent – Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
- Permanent – Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
- Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
- Death
- Other/Unknown (e.g. injury was not a part of the list above, data was not captured or maintained)

**MEDICAL PROFESSIONAL LIABILITY
(MEDICAL MALPRACTICE) INSURANCE
CLOSED AND OPEN CLAIM REPORT
CONTACT INFORMATION**

Please complete the following and submit with your spreadsheets.

Contact Person: _____

Title: _____

E-mail: _____

Telephone Number: _____

Company: _____

Address: _____

City, State, ZIP: _____

I have provided all relevant and accurate closed and open claim data for the medical professional liability, medical malpractice, line of business for this data call. To the best of my knowledge, the information provided for this company is true and accurate as of December 31, 2012.

Person Responsible for Data Call: _____

Title: _____

Date: _____

We thank you for your prompt attention to this matter!

The Iowa Insurance Division

Medical Malpractice Insurance Closed Claim Report

Policy

- (col. A) 1. Policy Limits: _____
- (col. B) 2. Deductible: _____
- (col. C) 3. Self-Insured Retention: _____

Defendant

- (col. D) 4. Profession or Institution (select one most applicable):
 - 1 Physician
 - 2 Surgeon
 - 3 Nurse
 - 4 Technician
 - 5 Chiropractor
 - 6 Dentist
 - 7 Family/General Practitioner
 - 8 Pharmacist
 - 9 Hospital
 - 10 Nursing Home
 - 11 Clinic/Corporation
 - 12 Home Health
 - Other/Unknown: _____

- (col. E) 5. Medical Provider Specialty (select one most applicable):
 - 1 Allergy/Immunology
 - 2 Anesthesiology
 - 3 Cardiology
 - 4 Dermatology
 - 5 Emergency Medicine
 - 6 Family Practice
 - 7 Gastroenterology
 - 8 General Surgery
 - 9 Internal Medicine
 - 10 Neurology
 - 11 Obstetrics/Gynecology
 - 12 Ophthalmology
 - 13 Orthopedics
 - 14 Pathology
 - 15 Pediatrics
 - 16 Plastic Surgery
 - 17 Podiatry
 - 18 Psychiatry
 - 19 Radiology
 - 20 Chiropractic
 - 21 Dentistry
 - 22 Pharmacy
 - 23 Hospital
 - 24 Healthcare Facility
 - 25 Clinic/Corporation
 - 26 Physician Assistant
 - 27 Physical Therapy
 - Other/Unknown: _____

- (col. F) 6. Total number of defendants involved in claim including defendant for which report made: _____

Claim

- (col. G) 7. Date injury occurred (MM/DD/YYYY): _____
- (col. H) 8. Date injury was reported to insurer (MM/DD/YYYY): _____
- (col. I) 9. Date claim was opened (MM/DD/YYYY): _____
- (col. J) 10. Date claim was reopened, if applicable (MM/DD/YYYY): _____
- (col. K) 11. Date claim was closed (MM/DD/YYYY): _____

Injured Person

- (col. L) 12. Sex of Injured Person: 1 Male 2 Female
- (col. M) 13. Injured Person's Date of Birth (MM/DD/YYYY): _____

Alleged Injury

- (col. N) 14. Alleged Cause of Loss:
 - 1 Failure to Diagnose/Monitor/Treat
 - 2 Misdiagnosis
 - 3 Delay in Diagnosis
 - 4 Incorrect Medication
 - 5 Lack of Monitoring Medication
 - 6 Side Effect of Medication
 - 7 Lack of Supervision or Control
 - 8 Inappropriate/Improper Surgical Procedure
 - 9 Unnecessary Surgical Procedure
 - 10 Instrument/Sponge Left after Surgery
 - 11 Post-Operative Complications
 - 12 Treatment Related Cause
 - 13 Pregnancy or Birth Related Problems
 - 14 Lack of Informed Consent or Failure to Obtain Consent
 - 15 Diseases/Medical Condition
 - 16 Wrong Diagnosis
 - 17 Fracture/Fall
 - 18 Inappropriate Procedure
 - Other/Unknown: _____

- (col. O)** 15. Severity of Injury:
- | | |
|----------------------------|---|
| <input type="checkbox"/> 1 | Emotional Only (e.g. fright, no physical damage) |
| <input type="checkbox"/> 2 | Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay) |
| <input type="checkbox"/> 3 | Temporary - Minor (e.g. infections, fracture, fall in hospital; recovery delayed) |
| <input type="checkbox"/> 4 | Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed) |
| <input type="checkbox"/> 5 | Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |
| <input type="checkbox"/> 6 | Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung) |
| <input type="checkbox"/> 7 | Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage) |
| <input type="checkbox"/> 8 | Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis) |
| <input type="checkbox"/> 9 | Death |
| <input type="checkbox"/> | Other/Unknown (e.g. injury was not a part of the list above, data was not captured or maintained) |

Claim Disposition

- (col. P)** 16. Final Method of Claim Disposition:
- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> 1 Settled | <input type="checkbox"/> 2 Disposed of by a Court | <input type="checkbox"/> 3 Arbitration |
| <input type="checkbox"/> 4 Denied | <input type="checkbox"/> 5 Closed Without Payment | <input type="checkbox"/> 6 Notice Only |
| | | <input type="checkbox"/> Other (specify): _____ |

Claim Payments

*Amounts should include only those paid by you on behalf of this insured/defendant under this policy.
All payments should be reported net of subrogation.*

- (col. Q)** 17. Total Losses (Indemnity Benefits) Paid: \$ _____
Report lines a-c only if the data is captured.
- | | | | |
|-----------------|---|--|----------|
| (col. R) | a | Total Compensatory Payments (if declared): | \$ _____ |
| (col. S) | b | Punitive Damages (if declared): | _____ |
| (col. T) | c | Plaintiff Attorney Fees (if declared): | _____ |
- (col. U)** 18. Total Allocated Loss Adjustment Expenses Paid: \$ _____
(Direct Defense and Cost Containment Expenses)
- | | | | |
|-----------------|---|--|----------|
| (col. V) | a | Loss Adjustment Expense paid to defense counsel: | \$ _____ |
| (col. W) | b | All other Allocated Loss Adjustment Expenses Paid: | _____ |
- (col. X)** 19. Additional payments made within six (6) months after disposition: \$ _____

Medical Malpractice Insurance Open Claim Report

Policy

- (col. A) 1. Policy Limits: _____
- (col. B) 2. Deductible: _____
- (col. C) 3. Self-Insured Retention: _____

Defendant

- (col. D) 4. Profession or Institution (select one most applicable):

<input type="checkbox"/> 1 Physician	<input type="checkbox"/> 6 Dentist	<input type="checkbox"/> 11 Clinic/Corporation
<input type="checkbox"/> 2 Surgeon	<input type="checkbox"/> 7 Family/General Practitioner	<input type="checkbox"/> 12 Home Health
<input type="checkbox"/> 3 Nurse	<input type="checkbox"/> 8 Pharmacist	<input type="checkbox"/> Other/Unknown: _____
<input type="checkbox"/> 4 Technician	<input type="checkbox"/> 9 Hospital	
<input type="checkbox"/> 5 Chiropractor	<input type="checkbox"/> 10 Nursing Home	

- (col. E) 5. Medical Provider Specialty (select one most applicable):

<input type="checkbox"/> 1 Allergy/Immunology	<input type="checkbox"/> 10 Neurology	<input type="checkbox"/> 19 Radiology
<input type="checkbox"/> 2 Anesthesiology	<input type="checkbox"/> 11 Obstetrics/Gynecology	<input type="checkbox"/> 20 Chiropractic
<input type="checkbox"/> 3 Cardiology	<input type="checkbox"/> 12 Ophthalmology	<input type="checkbox"/> 21 Dentistry
<input type="checkbox"/> 4 Dermatology	<input type="checkbox"/> 13 Orthopedics	<input type="checkbox"/> 22 Pharmacy
<input type="checkbox"/> 5 Emergency Medicine	<input type="checkbox"/> 14 Pathology	<input type="checkbox"/> 23 Hospital
<input type="checkbox"/> 6 Family Practice	<input type="checkbox"/> 15 Pediatrics	<input type="checkbox"/> 24 Healthcare Facility
<input type="checkbox"/> 7 Gastroenterology	<input type="checkbox"/> 16 Plastic Surgery	<input type="checkbox"/> 25 Clinic/Corporation
<input type="checkbox"/> 8 General Surgery	<input type="checkbox"/> 17 Podiatry	<input type="checkbox"/> 26 Physician Assistant
<input type="checkbox"/> 9 Internal Medicine	<input type="checkbox"/> 18 Psychiatry	<input type="checkbox"/> 27 Physical Therapy
		<input type="checkbox"/> Other/Unknown: _____

- (col. F) 6. Total number of defendants involved in claim including defendant for which report made: _____

Claim

- (col. G) 7. Date injury occurred (MM/DD/YYYY): _____
- (col. H) 8. Date injury was reported to insurer (MM/DD/YYYY): _____
- (col. I) 9. Date claim was opened (MM/DD/YYYY): _____
- (col. J) 10. Date claim was reopened, if applicable (MM/DD/YYYY): _____

Injured Person

- (col. K) 11. Sex of Injured Person: 1 Male 2 Female
- (col. L) 12. Injured Person's Date of Birth (MM/DD/YYYY): _____

Alleged Injury

- (col. M) 13. Alleged Cause of Loss:

<input type="checkbox"/> 1 Failure to Diagnose/Monitor/Treat	<input type="checkbox"/> 11 Post-Operative Complications
<input type="checkbox"/> 2 Misdiagnosis	<input type="checkbox"/> 12 Treatment Related Cause
<input type="checkbox"/> 3 Delay in Diagnosis	<input type="checkbox"/> 13 Pregnancy or Birth Related Problems
<input type="checkbox"/> 4 Incorrect Medication	<input type="checkbox"/> 14 Lack of Informed Consent or Failure to Obtain Consent
<input type="checkbox"/> 5 Lack of Monitoring Medication	<input type="checkbox"/> 15 Diseases/Medical Condition
<input type="checkbox"/> 6 Side Effect of Medication	<input type="checkbox"/> 16 Wrong Diagnosis
<input type="checkbox"/> 7 Lack of Supervision or Control	<input type="checkbox"/> 17 Fracture/Fall
<input type="checkbox"/> 8 Inappropriate/Improper Surgical Procedure	<input type="checkbox"/> 18 Inappropriate Procedure
<input type="checkbox"/> 9 Unnecessary Surgical Procedure	
<input type="checkbox"/> 10 Instrument/Sponge Left after Surgery	<input type="checkbox"/> Other/Unknown: _____

(col. N) 14. Severity of Injury:

<input type="checkbox"/>	1 Emotional Only (e.g. fright, no physical damage)
<input type="checkbox"/>	2 Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
<input type="checkbox"/>	3 Temporary - Minor (e.g. infections, fracture, fall in hospital; recovery delayed)
<input type="checkbox"/>	4 Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)
<input type="checkbox"/>	5 Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries)
<input type="checkbox"/>	6 Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
<input type="checkbox"/>	7 Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
<input type="checkbox"/>	8 Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
<input type="checkbox"/>	9 Death
<input type="checkbox"/>	Other/Unknown (e.g. injury was not a part of the list above, data was not captured or maintained)

(col. O) 15. Total Losses (Indemnity Benefits) Paid: \$ _____

(col. P) 16. Total Allocated Loss Adjustment Expenses Paid: \$ _____
(Direct Defense and Cost Containment Expenses)

(col. Q) 17. Amount Reserved for Payment of Claims Incurred and Reported but not Disposed: _____
Loss reserve amounts should exclude any amounts for deductibles or self-insured retentions.
Reserve amount should be that in excess of any payments made; not a total incurred amount.