

Iowa
Medical Malpractice Annual Report
For Calendar Year 2014

December 2015
Iowa Insurance Division

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Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2014 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, 2014, through December 31, 2014, 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 (ALAE) were about \$109,000 for closed claims. The average incurred losses and allocated loss adjustment expenses were about \$136,000 for all open claims.

Of the specialty providers listed, Clinic/ Corporation and Dentistry had the highest number of closed claims reported. Clinic/ Corporation and Hospital had the most open claims. Obstetrics/ Gynecology had the highest average benefits and allocated loss adjustment expenses paid for closed claims and Family Practice had the highest average incurred losses and allocated loss adjustment expenses for open claims.

For both open and closed claims, Failure to Diagnose/ Monitor/ Treat produced more claims than any other listed alleged cause of loss. For categories with the highest number of claims, the costliest open and closed claims were for claims categorized as Pregnancy or Birth Related Problems.

The categories with the most claims based on Severity of Loss were Temporary - Minor for closed claims and Death for open claims. On average, for closed claims, those categorized as Permanent - Major were the costliest. Average paid losses and expenses by category ranged from about \$18,000 to about \$352,000 for closed claims. Open claims with the largest incurred loss and ALAE amounts were from the Permanent - Major category. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$46,000 to about \$356,000 for open claims.

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

As explained in the 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 2014.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2014 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 who wrote medical malpractice insurance in Iowa during 2014 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 67.3% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2014 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 2014. They comprise 66.0% of the 2014 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 2010	Calendar Year 2011	Calendar Year 2012	Calendar Year 2013	Calendar Year 2014
MMIC Insurance, Inc.	36.2%	37.3%	40.4%	41.8%	40.3%
ProAssurance Insurance Companies	10.6%	10.3%	8.4%	7.8%	6.6%
NCMIC Insurance Company	3.2%	3.8%	4.0%	4.1%	4.0%
Medical Protective Company, The	2.7%	2.6%	2.8%	3.1%	3.6%
MHA Insurance Company	2.5%	2.0%	2.1%	2.9%	3.2%
C N A Insurance Companies	2.6%	2.9%	2.9%	3.2%	3.2%
Podiatry Insurance Company of America	1.1%	1.2%	1.2%	1.1%	0.9%
ISMIE Mutual Insurance Company	0.6%	0.7%	0.8%	0.7%	0.9%
Cincinnati Insurance Company, The	0.8%	0.7%	0.7%	0.7%	0.6%
Pharmacists Mutual Insurance Company	0.4%	0.4%	0.4%	0.5%	0.5%
Doctors Company, The	0.6%	0.6%	0.5%	0.4%	0.5%
National Union Fire Insurance Company of Pittsburgh, P.A.	0.8%	0.7%	0.9%	0.5%	0.5%
Ace American Insurance Company	0.4%	0.5%	0.4%	0.5%	0.4%
Preferred Professional Insurance Company	2.5%	2.7%	2.4%	0.3%	0.3%
Church Mutual Insurance Company	0.3%	0.1%	0.1%	0.1%	0.2%
COPIC Insurance Company	0.4%	0.5%	0.6%	0.1%	0.1%
Allied World Insurance Companies	0.0%	0.0%	0.1%	0.1%	0.1%
Fortress Insurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
AMCO Insurance Company	2.5%	1.5%	0.6%	0.5%	0.0%
Total Market Share for Companies with Reported Claims for 2014	68.3%	68.6%	69.2%	68.5%	66.0%

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.

Several large losses were reported, for both open and closed claims. Fifteen closed claims had total loss and allocated loss adjustment expenses of at least \$500,000. Twenty four open claims had incurred amounts of \$500,000 or more. Ten closed claims were at least \$1,000,000, with the largest paid losses and ALAE reaching about \$1.8 million. Nine open claims were at least \$1,000,000, with the largest claim reaching about \$2.4 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, the regulatory environment, 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 2014 and earlier which either were closed in 2014 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

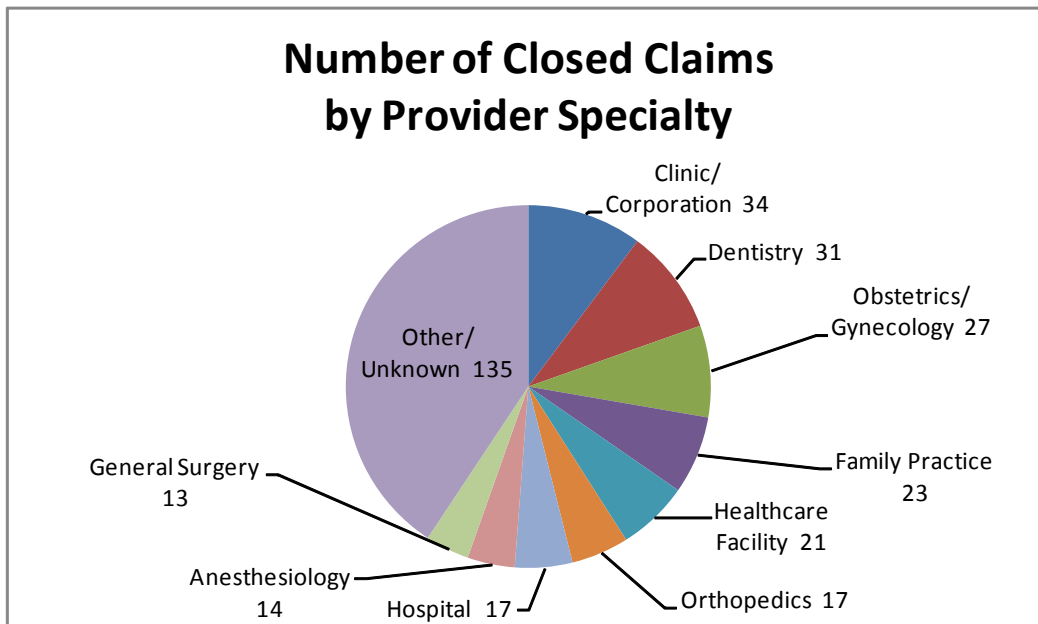
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual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

Average payments of benefits plus allocated loss adjustment expenses were about \$109,000 for all closed claims. The average incurred losses and allocated loss adjustment expenses were about \$136,000 for all open claims. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2014, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2014, 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.

Clinic/ Corporation and Dentistry had the highest number of closed claims reported. For open claims, Hospital ranked second after Clinic/ Corporation. Of closed claims provider specialty categories listed in the chart (ranked by number of claims), Obstetrics/ Gynecology had the highest average benefits and allocated loss adjustment expenses paid. For open claims categories listed in the chart, Family Practice had the highest average incurred losses and allocated loss adjustment expenses.

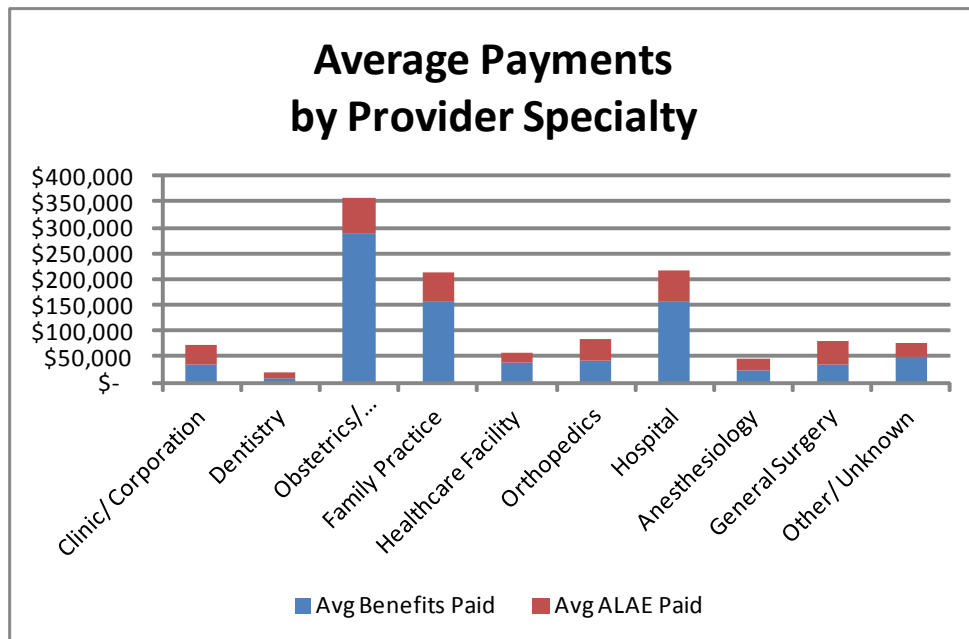
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2014 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Clinic/ Corporation	34	\$ 1,131,250	\$ 1,313,373	\$ 4,497
Dentistry	31	264,724	339,299	-
Obstetrics/ Gynecology	27	7,773,212	1,840,177	-
Family Practice	23	3,575,000	1,323,628	-
Healthcare Facility	21	776,317	413,244	-
Orthopedics	17	706,016	734,290	-
Hospital	17	2,667,500	1,036,603	-
Anesthesiology	14	331,333	318,880	-
General Surgery	13	435,000	595,947	-
Other/ Unknown	135	6,531,132	3,916,502	5,613
Total	332	\$ 24,191,484	\$ 11,831,943	\$ 10,110



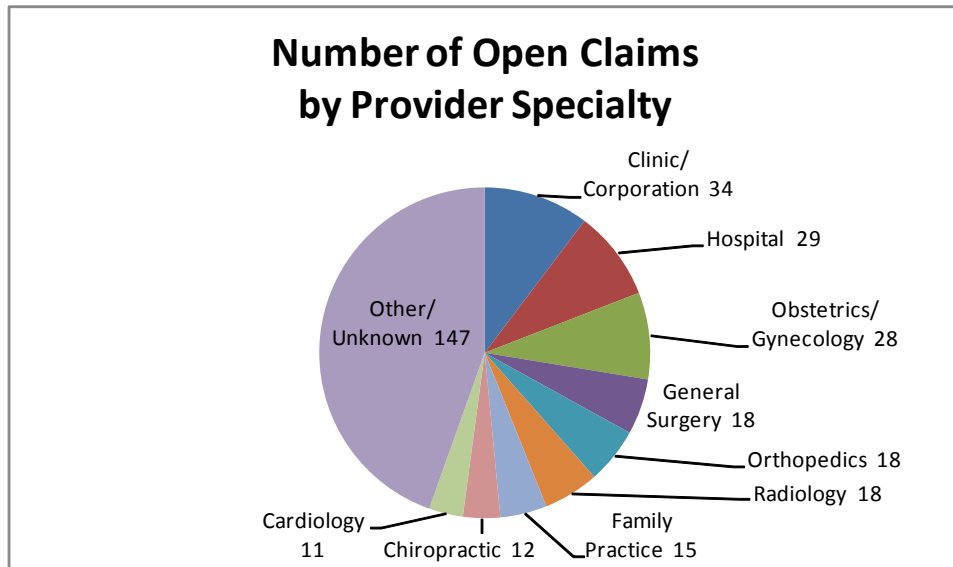
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2014 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Clinic/ Corporation	34	\$ 33,272	\$ 38,629	\$ 132
Dentistry	31	8,539	10,945	-
Obstetrics/ Gynecology	27	287,897	68,155	-
Family Practice	23	155,435	57,549	-
Healthcare Facility	21	36,967	19,678	-
Orthopedics	17	41,530	43,194	-
Hospital	17	156,912	60,977	-
Anesthesiology	14	23,667	22,777	-
General Surgery	13	33,462	45,842	-
Other/ Unknown	135	48,379	29,011	42
Total	332	\$ 72,866	\$ 35,638	\$ 30



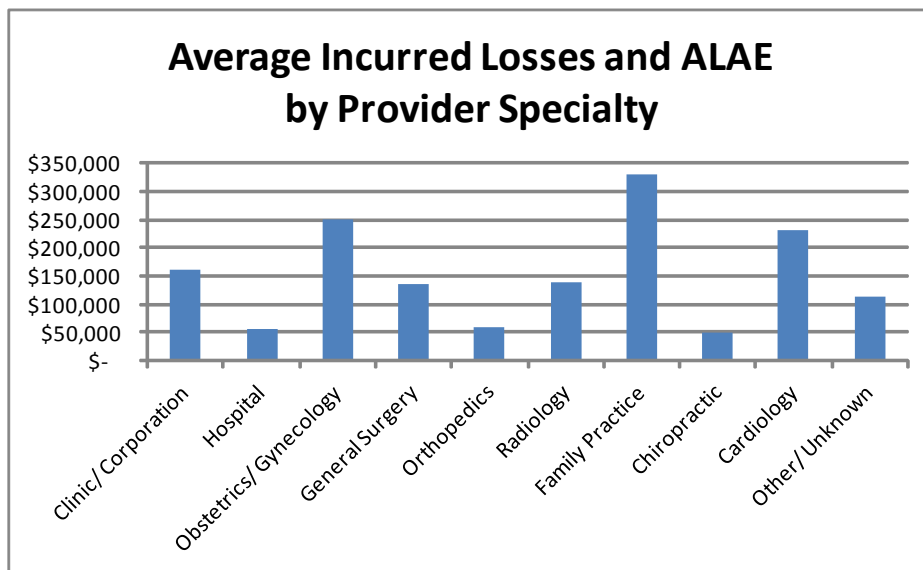
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2014 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Clinic/ Corporation	34	\$ -	\$ 784,531	\$ 4,699,000
Hospital	29	\$ 72,456	\$ 246,381	\$ 1,305,000
Obstetrics/ Gynecology	28	\$ -	\$ 647,398	\$ 6,339,500
General Surgery	18	\$ 133,333	\$ 213,922	\$ 2,111,667
Orthopedics	18	\$ -	\$ 105,662	\$ 987,500
Radiology	18	\$ -	\$ 321,401	\$ 2,194,375
Family Practice	15	\$ -	\$ 401,848	\$ 4,560,000
Chiropractic	12	\$ -	\$ 132,318	\$ 475,000
Cardiology	11	\$ -	\$ 399,975	\$ 2,150,000
Other/ Unknown	147	175,542	2,386,989	14,032,562
Total	330	\$ 381,331	\$ 5,640,425	\$ 38,854,604



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2014 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but Not Disposed
Clinic/ Corporation	34	\$ -	\$ 23,074	\$ 138,206
Hospital	29	2,498	8,496	45,000
Obstetrics/ Gynecology	28	-	23,121	226,411
General Surgery	18	7,407	11,885	117,315
Orthopedics	18	-	5,870	54,861
Radiology	18	-	17,856	121,910
Family Practice	15	-	26,790	304,000
Chiropractic	12	-	11,026	39,583
Cardiology	11	-	36,361	195,455
Other/ Unknown	147	1,194	16,238	95,460
Total	330	\$ 1,156	\$ 17,092	\$ 117,741



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.

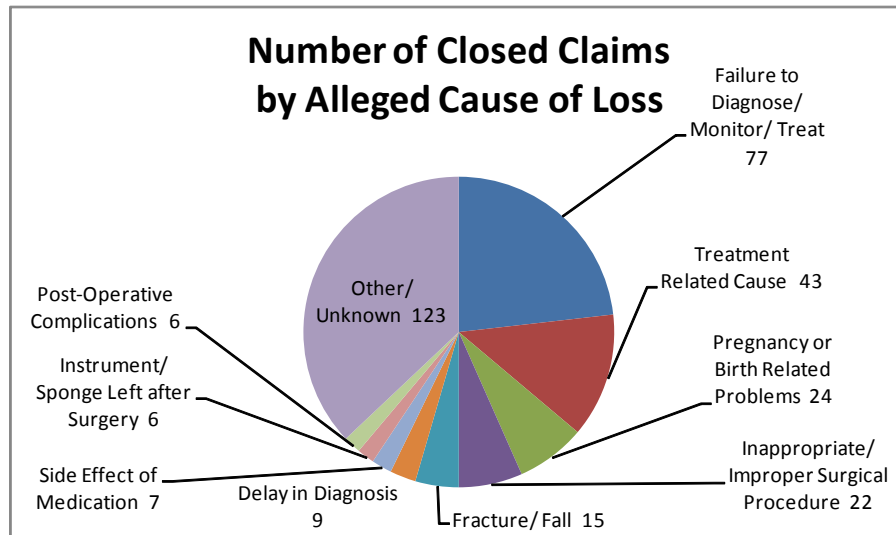
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

Failure to Diagnose/ Monitor/ Treat produced the most claims while Pregnancy or Birth Related Problems had on average the costliest claims at about \$381,000 for closed claims.

The most open claims were also from Failure to Diagnose/ Monitor/ Treat. The claims with the highest average incurred losses and allocated loss adjustment expenses were also from the Pregnancy or Birth Related Problems, with about \$234,000 in average incurred losses.

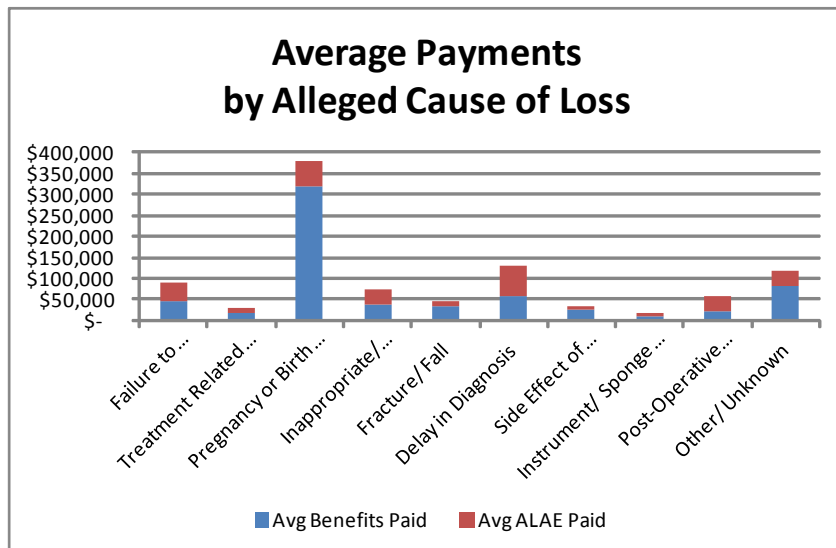
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2014 - By Nature of Claim**

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	77	\$ 3,546,987	\$ 3,477,166	\$ -
Treatment Related Cause	43	761,200	568,662	-
Pregnancy or Birth Related Problems	24	7,662,500	1,477,767	-
Inappropriate/ Improper Surgical Procedure	22	845,000	780,690	10,110
Fracture/ Fall	15	502,028	182,640	-
Delay in Diagnosis	9	515,000	653,788	-
Side Effect of Medication	7	188,000	45,065	-
Instrument/ Sponge Left after Surgery	6	65,000	51,042	-
Post-Operative Complications	6	133,333	223,798	-
Other/ Unknown	123	9,972,436	4,371,325	-
Total	332	\$ 24,191,484	\$ 11,831,943	\$ 10,110



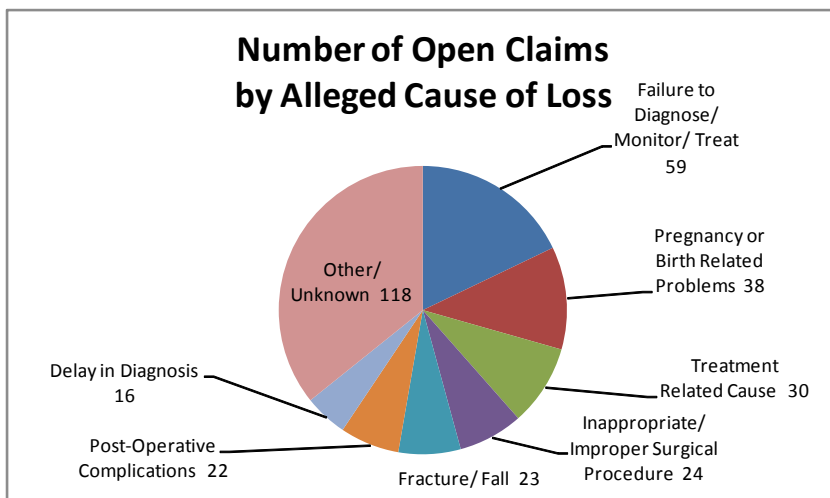
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2014 - By Nature of Claim**

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	77	\$ 46,065	\$ 45,158	\$ -
Treatment Related Cause	43	17,702	13,225	-
Pregnancy or Birth Related Problems	24	319,271	61,574	-
Inappropriate/ Improper Surgical Procedure	22	38,409	35,486	460
Fracture/ Fall	15	33,469	12,176	-
Delay in Diagnosis	9	57,222	72,643	-
Side Effect of Medication	7	26,857	6,438	-
Instrument/ Sponge Left after Surgery	6	10,833	8,507	-
Post-Operative Complications	6	22,222	37,300	-
Other/ Unknown	123	81,077	35,539	-
Total	332	\$ 72,866	\$ 35,638	\$ 30



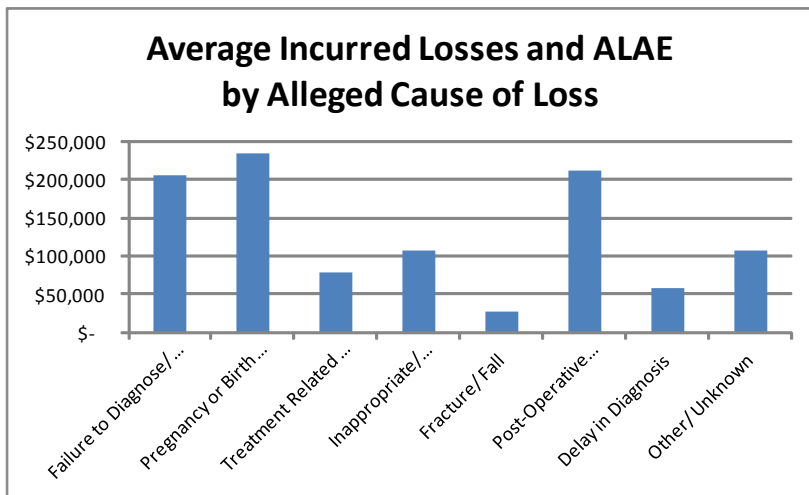
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2014 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Failure to Diagnose/ Monitor/ Treat	59	\$ 4,908	\$ 1,461,197	\$ 10,656,967
Pregnancy or Birth Related Problems	38	\$ -	\$ 782,686	\$ 8,121,250
Treatment Related Cause	30	\$ 205,789	\$ 350,134	\$ 1,797,170
Inappropriate/ Improper Surgical Procedure	24	\$ -	\$ 466,283	\$ 2,105,067
Fracture/ Fall	23	\$ 5,731	\$ 121,020	\$ 511,250
Post-Operative Complications	22	\$ -	\$ 555,390	\$ 4,125,000
Delay in Diagnosis	16	\$ -	\$ 242,062	\$ 702,000
Other/ Unknown	118	164,903	1,661,653	10,835,900
Total	330	\$ 381,331	\$ 5,640,425	\$ 38,854,604



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2014 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but Not Disposed
Failure to Diagnose/ Monitor/ Treat	59	\$ 83	\$ 24,766	\$ 180,627
Pregnancy or Birth Related Problems	38	-	20,597	213,717
Treatment Related Cause	30	6,860	11,671	59,906
Inappropriate/ Improper Surgical Procedure	24	-	19,428	87,711
Fracture/ Fall	23	249	5,262	22,228
Post-Operative Complications	22	-	25,245	187,500
Delay in Diagnosis	16	-	15,129	43,875
Other/ Unknown	118	1,397	14,082	91,830
Total	330	\$ 1,156	\$ 17,092	\$ 117,741



Aggregate Claim Reports by Substance of Claim

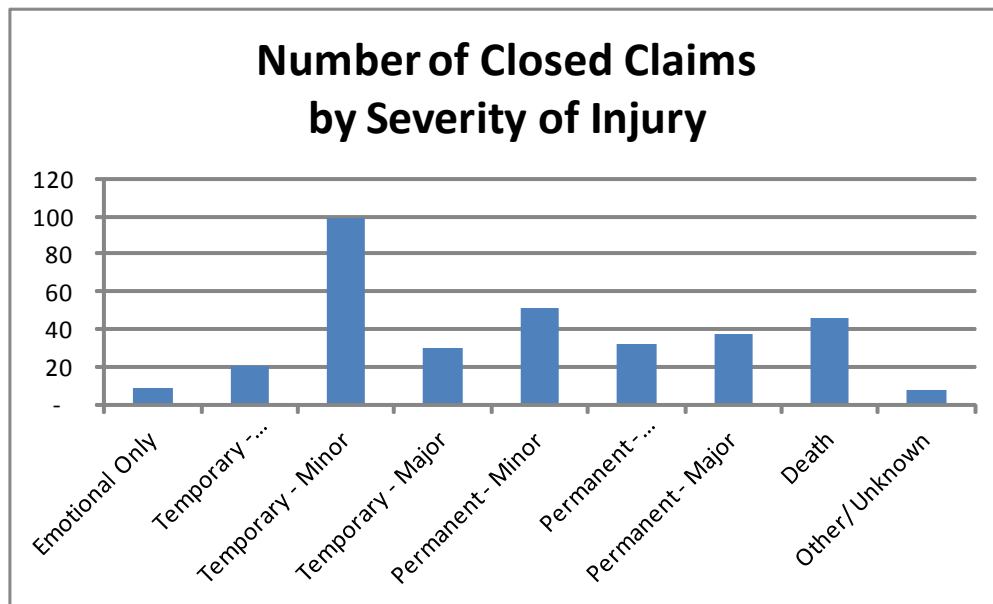
Companies were asked to classify each claim by the following severity of injury types.

- 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 - Major. For open claims, most were Death claims, with the highest average incurred losses and allocated loss adjustment expenses being for Permanent - Major claims. Average paid losses and expenses by category ranged from about \$18,000 to about \$352,000 for closed claims. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$46,000 to about \$356,000 for open claims.

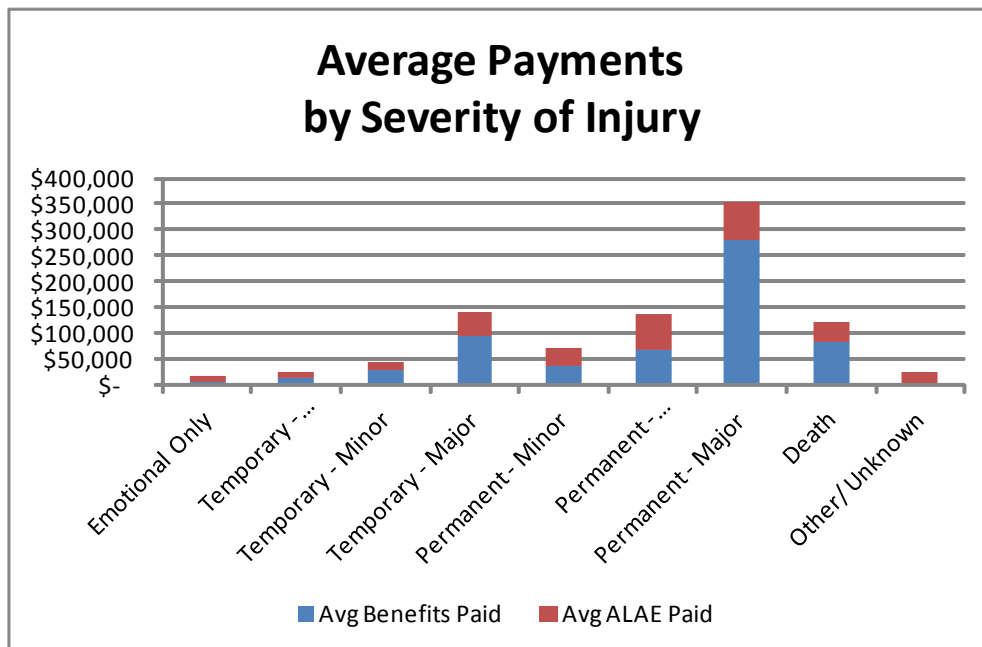
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2014 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	9	\$ 50,000	\$ 109,030	\$ -
Temporary - Insignificant	20	280,025	179,004	-
Temporary - Minor	99	2,850,149	1,606,343	10,110
Temporary - Major	30	2,860,000	1,323,375	-
Permanent - Minor	51	1,808,333	1,757,780	-
Permanent - Significant	32	2,206,962	2,158,234	-
Permanent - Major	37	10,418,516	2,619,484	-
Death	46	3,717,500	1,882,603	-
Other/ Unknown	8	-	196,091	-
Total	332	\$ 24,191,484	\$ 11,831,943	\$ 10,110



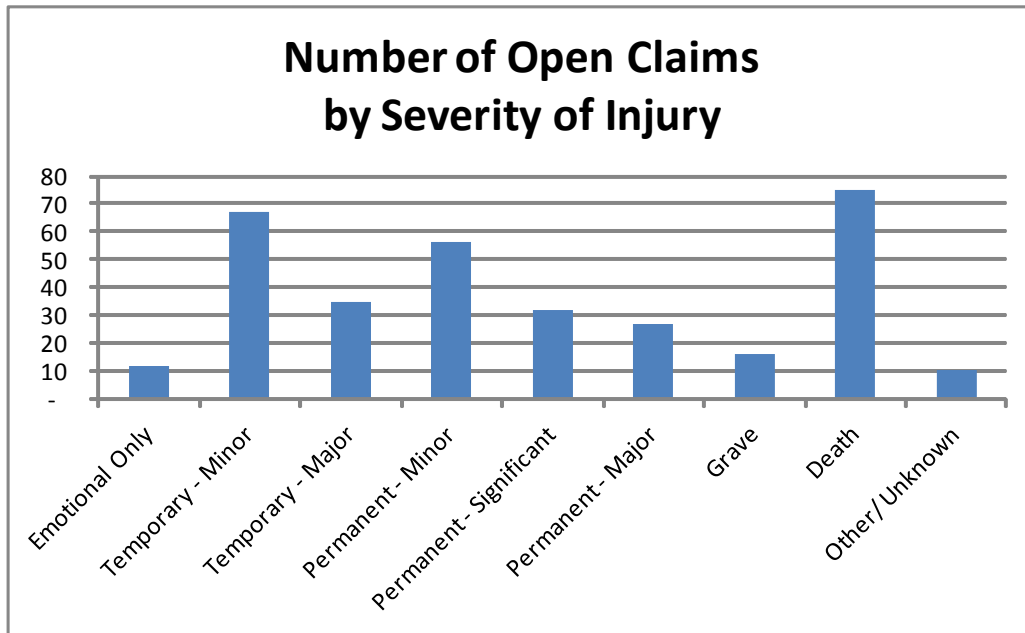
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2014 - By Severity of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	9	\$ 5,556	\$ 12,114	\$ -
Temporary - Insignificant	20	14,001	8,950	-
Temporary - Minor	99	28,789	16,226	102
Temporary - Major	30	95,333	44,112	-
Permanent - Minor	51	35,458	34,466	-
Permanent - Significant	32	68,968	67,445	-
Permanent - Major	37	281,582	70,797	-
Death	46	80,815	40,926	-
Other/ Unknown	8	-	24,511	-
Total	332	\$ 72,866	\$ 35,638	\$ 30



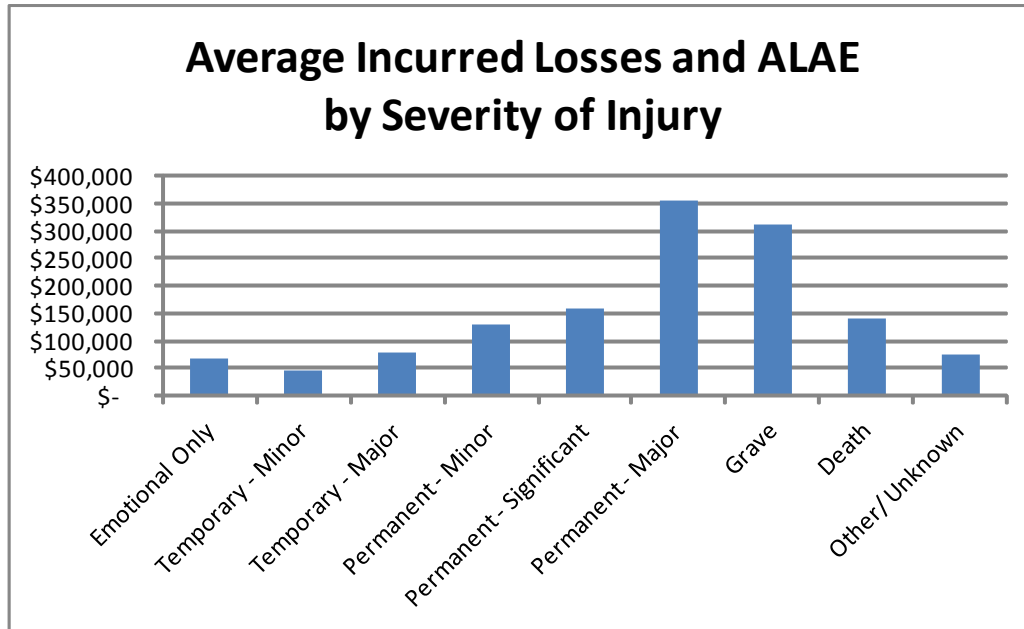
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2014 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Emotional Only	12	\$ -	\$ 310,001	\$ 487,500
Temporary - Minor	67	-	512,836	2,598,627
Temporary - Major	35	72,456	417,568	2,233,454
Permanent - Minor	56	5,731	871,090	6,428,751
Permanent - Significant	32	135,000	476,339	4,514,763
Permanent - Major	27	133,333	1,099,695	8,386,167
Grave	16	-	643,329	4,315,750
Death	75	29,903	1,174,879	9,282,500
Other/ Unknown	10	4,908	134,690	607,092
Total	330	\$ 381,331	\$ 5,640,425	\$ 38,854,604



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2014 - By Severity of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but Not Disposed
Emotional Only	12	\$ -	\$ 25,833	\$ 40,625
Temporary - Minor	67	-	7,654	38,785
Temporary - Major	35	2,070	11,931	63,813
Permanent - Minor	56	102	15,555	114,799
Permanent - Significant	32	4,219	14,886	141,086
Permanent - Major	27	4,938	40,729	310,599
Grave	16	-	40,208	269,734
Death	75	399	15,665	123,767
Other/ Unknown	10	491	13,469	60,709
Total	330	\$ 1,156	\$ 17,092	\$ 117,741



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. 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
Allied World Insurance Companies
Cincinnati Insurance Company, The
COPIC Insurance Company
Doctors Company, The
Fortress Insurance Company
ISMIE Mutual Insurance Company
Pharmacists Mutual Insurance Company
Podiatry Insurance Company of America
Preferred Professional Insurance Company

Companies Grouped for Open Claim Report

Ace American Insurance Company
Allied World Insurance Companies
AMCO Insurance Company
Church Mutual Insurance Company
Cincinnati Insurance Company, The
Fortress Insurance Company
ISMIE Mutual Insurance Company
Podiatry Insurance Company of America

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Specialty
Calendar Year 2014**

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					
	Dentistry	20	214,724	117,087	-
	All/ Unknown	11	670,333	144,617	-
Medical Protective Company, The					
	Dentistry	6	-	353	-
	Clinic/ Corporation	5	300,000	183,319	-
	All/ Unknown	7	1,372,500	292,413	-
MHA Insurance Company					
	Hospital	11	2,317,500	789,057	-
	All/ Unknown	6	1,000,000	316,395	-
MMIC Insurance, Inc.					
	Anesthesiology	9	-	285,657	-
	Emergency Medicine	5	200,000	263,029	-
	Family Practice	13	1,100,000	316,030	-
	General Surgery	10	435,000	451,453	-
	Obstetrics/ Gynecology	16	2,260,000	772,796	-
	Orthopedics	6	506,016	538,621	-
	Radiology	7	35,000	55,086	-
	Bariatric	67	2,740,632	1,480,317	-
	All/ Unknown	17	688,500	763,814	-
National Union Fire Insurance Company of Pittsburgh, P.A.					
	Healthcare Facility	8	565,129	193,890	-
	All/ Unknown	7	380,000	285,092	-
NCMIC Insurance Company					
	Cardiology	5	-	406,106	-
	Orthopedics	6	200,000	188,888	-
	Clinic/ Corporation	8	-	169,853	-
	All/ Unknown	5	-	136,191	-
ProAssurance Insurance Companies					
	Family Practice	7	1,475,000	780,360	-
	Obstetrics/ Gynecology	5	2,113,212	615,221	-
	Healthcare Facility	10	-	156,595	-
	Clinic/ Corporation	15	631,250	685,594	-
	All/ Unknown	19	350,000	586,586	-
Grouped Companies					
	All/ Unknown	21	4,636,688	857,523	10,110
Total		332	24,191,484	11,831,943	10,110

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Specialty
Calendar Year 2014**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
C N A Insurance Companies					
	Dentistry	8	4,908	5,092	145,096
	All/ Unknown	5	-	57,437	750,000
Medical Protective Company, The					
	Clinic/ Corporation	7	-	104,091	514,000
	All/ Unknown	10	-	284,153	3,251,000
MHA Insurance Company					
	Hospital	15	72,456	221,548	1,060,000
	All/ Unknown	5	-	58,669	610,000
MMIC Insurance, Inc.					
	Anesthesiology	7	-	200,276	1,423,250
	Cardiology	5	-	37,859	175,000
	Emergency Medicine	5	-	49,238	265,000
	Family Practice	11	-	349,178	3,835,000
	General Surgery	6	133,333	72,508	351,667
	Neurology	8	-	288,775	1,886,250
	Obstetrics/ Gynecology	20	-	350,851	2,477,500
	Orthopedics	9	-	46,803	62,500
	Radiology	16	-	313,113	1,919,375
	Bariatric	65	140,731	953,274	5,997,500
	All/ Unknown	19	-	307,243	735,000
National Union Fire Insurance Company of Pittsburgh, P.A.					
	Chiropractic	7	-	-	-
	Hospital	7	-	-	-
	All/ Unknown	5	-	-	-
NCMIC Insurance Company					
	Orthopedics	6	-	49,541	625,000
	Chiropractic	5	-	132,318	475,000
	Clinic/ Corporation	5	-	44,537	225,000
	All/ Unknown	7	-	117,980	1,080,000
ProAssurance Insurance Companies					
	General Surgery	6	-	99,102	1,150,000
	Hospital	5	-	24,834	245,000
	Clinic/ Corporation	21	-	635,902	3,960,000
	All/ Unknown	21	-	515,646	4,675,000
Grouped Companies					
	All/ Unknown	14	29,903	320,457	961,466
Total		330	381,331	5,640,425	38,854,604

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Nature of Claim
Calendar Year 2014**

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					
	Failure to Diagnose/ Monitor/ Treat	13	270,025	197,497	-
	Treatment Related Cause	11	3,700	625	-
	All/ Unknown	7	611,333	63,582	-
Medical Protective Company, The					
	Failure to Diagnose/ Monitor/ Treat	9	322,500	366,366	-
	All/ Unknown	9	1,350,000	109,718	-
MHA Insurance Company					
	Pregnancy or Birth Related Problems	5	3,000,000	628,152	-
	All/ Unknown	12	317,500	477,300	-
MMIC Insurance, Inc.					
	Failure to Diagnose/ Monitor/ Treat	15	700,000	665,138	-
	Delay in Diagnosis	6	500,000	550,639	-
	Inappropriate/ Improper Surgical Procedure	7	130,000	326,686	-
	Treatment Related Cause	9	300,000	149,704	-
	Pregnancy or Birth Related Problems	12	2,150,000	470,178	-
	Fracture/ Fall	6	14,399	5,871	-
	All/ Unknown	95	4,170,748	2,758,589	-
National Union Fire Insurance Company of Pittsburgh, P.A.					
	Fracture/ Fall	5	487,629	162,070	-
	All/ Unknown	10	457,500	316,912	-
NCMIC Insurance Company					
	Treatment Related Cause	8	200,000	195,304	-
	All/ Unknown	16	-	705,733	-
ProAssurance Insurance Companies					
	Failure to Diagnose/ Monitor/ Treat	26	1,681,962	1,390,076	-
	Inappropriate/ Improper Surgical Procedure	5	50,000	149,537	-
	All/ Unknown	25	2,837,500	1,284,743	-
Grouped Companies					
	All/ Unknown	21	4,636,688	857,523	10,110
Total		332	24,191,484	11,831,943	10,110

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Nature of Claim
Calendar Year 2014**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
C N A Insurance Companies					
	Treatment Related Cause	7	-	46,400	480,003
	All/ Unknown	6	4,908	16,129	415,093
Medical Protective Company, The					
	Inappropriate/ Improper Surgical Procedure	7	-	185,443	1,106,000
	All/ Unknown	10	-	202,802	2,659,000
MHA Insurance Company					
	Failure to Diagnose/ Monitor/ Treat	5	-	99,201	400,000
	Inappropriate/ Improper Surgical Procedure	5	-	51,073	325,000
	Treatment Related Cause	5	72,456	58,827	110,000
	All/ Unknown	5	-	71,115	835,000
MMIC Insurance, Inc.					
	Failure to Diagnose/ Monitor/ Treat	23	-	756,571	4,764,375
	Delay in Diagnosis	12	-	142,210	200,000
	Pregnancy or Birth Related Problems	26	-	500,749	3,886,250
	Fracture/ Fall	13	5,731	60,610	361,250
	All/ Unknown	97	268,333	1,508,979	9,916,167
National Union Fire Insurance Company of Pittsburgh, P.A.					
	Fracture/ Fall	6	-	-	-
	All/ Unknown	13	-	-	-
NCMIC Insurance Company					
	Post-Operative Complications	7	-	99,710	1,250,000
	Treatment Related Cause	7	-	145,527	605,000
	All/ Unknown	9	-	99,139	550,000
ProAssurance Insurance Companies					
	Failure to Diagnose/ Monitor/ Treat	21	-	557,440	5,070,000
	Post-Operative Complications	15	-	455,680	2,875,000
	All/ Unknown	17	-	262,363	2,085,000
Grouped Companies					
	All/ Unknown	14	29,903	320,457	961,466
Total		330	381,331	5,640,425	38,854,604

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Substance of Claim
Calendar Year 2014**

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					
	Temporary - Insignificant	12	40,025	14,029	-
	Temporary - Minor	10	3,700	275	-
	All/ Unknown	9	841,333	247,399	-
Medical Protective Company, The					
	Temporary - Minor	5	-	294	-
	All/ Unknown	13	1,672,500	475,791	-
MHA Insurance Company					
	Permanent - Minor	5	65,000	215,108	-
	All/ Unknown	12	3,252,500	890,344	-
MMIC Insurance, Inc.					
	Emotional Only	5	-	37,601	-
	Temporary - Minor	48	304,632	924,543	-
	Temporary - Major	12	-	349,118	-
	Permanent - Minor	22	289,500	597,733	-
	Permanent - Significant	8	400,000	558,546	-
	Permanent - Major	24	4,506,016	1,467,845	-
	Death	23	2,440,000	872,231	-
	All/ Unknown	8	25,000	119,187	-
National Union Fire Insurance Company of Pittsburgh, P.A.					
	Temporary - Minor	7	245,129	180,180	-
	All/ Unknown	8	700,000	298,802	-
NCMIC Insurance Company					
	Temporary - Minor	5	-	35,352	-
	Temporary - Major	6	200,000	96,913	-
	Permanent - Significant	7	-	529,107	-
	All/ Unknown	6	-	239,665	-
ProAssurance Insurance Companies					
	Temporary - Minor	12	475,000	214,383	-
	Temporary - Major	5	1,000,000	740,345	-
	Permanent - Minor	12	50,000	484,531	-
	Permanent - Significant	10	1,381,962	737,023	-
	Death	9	50,000	272,776	-
	All/ Unknown	8	1,612,500	375,299	-
Grouped Companies					
	Temporary - Minor	11	1,821,688	226,346	10,110
	All/ Unknown	10	2,815,000	631,176	-
Total		332	24,191,484	11,831,943	10,110

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Substance of Claim
Calendar Year 2014**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
C N A Insurance Companies					
	Permanent - Minor	5	-	49,017	570,001
	All/ Unknown	8	4,908	13,512	325,095
Medical Protective Company, The					
	All/ Unknown	17	-	388,245	3,765,000
MHA Insurance Company					
	Death	5	-	156,458	350,000
	All/ Unknown	15	72,456	123,759	1,320,000
MMIC Insurance, Inc.					
	Temporary - Minor	31	-	220,753	620,625
	Temporary - Major	12	-	158,536	782,500
	Permanent - Minor	32	5,731	429,377	1,628,750
	Permanent - Significant	11	135,000	175,818	1,523,750
	Permanent - Major	19	133,333	401,820	4,484,167
	Grave	11	-	584,548	4,238,750
	Death	47	-	737,443	5,632,500
	All/ Unknown	8	-	260,823	217,000
National Union Fire Insurance Company of Pittsburgh, P.A.					
	Temporary - Minor	6	-	-	-
	Death	5	-	-	-
	All/ Unknown	8	-	-	-
NCMIC Insurance Company					
	Temporary - Major	8	-	106,780	675,000
	Permanent - Minor	5	-	111,414	255,000
	All/ Unknown	10	-	126,182	1,475,000
ProAssurance Insurance Companies					
	Temporary - Minor	15	-	259,390	1,555,000
	Permanent - Minor	9	-	152,931	1,200,000
	Permanent - Significant	12	-	89,123	1,675,000
	Death	8	-	81,433	1,400,000
	All/ Unknown	9	-	692,606	4,200,000
Grouped Companies					
	Temporary - Minor	5	-	3,438	110,500
	All/ Unknown	9	29,903	317,018	850,966
Total		330	381,331	5,640,425	38,854,604

TERRY E. BRANSTAD
GOVERNOR

NICK GERHART
COMMISSIONER OF INSURANCE

KIM REYNOLDS
LT. GOVERNOR

DATE: March 5, 2015
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, 2014 through December 31, 2014.

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

DUE DATE: June 1, 2015

IID CONTACT PERSON: Ramona Lee Ramona.Lee@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 Ramona Lee at medmal@iid.iowa.gov by June 1, 2015.

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, 2014 through December 31, 2014. Also provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits open as of December 31, 2014.
 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, 2014, report this only within the open claims report.
 9. If a claim was reopened and then closed within the period from January 1, 2014 through December 31, 2014, 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 Ramona Lee 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, 2015.
9. If you have any questions, feel free to e-mail or call 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, 2014.

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):

<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): _____
- (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:

<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. O)** 15. Severity of Injury:
- | | |
|---|---|
| 1 | Emotional Only (e.g. fright, no physical damage) |
| 2 | Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay) |
| 3 | Temporary - Minor (e.g. infections, fracture, fall in hospital; recovery delayed) |
| 4 | Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed) |
| 5 | Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |
| 6 | Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung) |
| 7 | Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage) |
| 8 | Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis) |
| 9 | Death |
| | 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:
- | | | | | | |
|---|---------|---|------------------------|---|------------------------|
| 1 | Settled | 2 | Disposed of by a Court | 3 | Arbitration |
| 4 | Denied | 5 | Closed Without Payment | 6 | Notice Only |
| | | | | | 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"/> 9 Unnecessary Surgical Procedure	<input type="checkbox"/> 18 Inappropriate Procedure
<input type="checkbox"/> 10 Instrument/Sponge Left after Surgery	<input type="checkbox"/> Other/Unknown: _____

- (col. N)** 14. Severity of Injury:
- | | |
|---|---|
| 1 | Emotional Only (e.g. fright, no physical damage) |
| 2 | Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay) |
| 3 | Temporary - Minor (e.g. infections, fracture, fall in hospital; recovery delayed) |
| 4 | Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed) |
| 5 | Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |
| 6 | Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung) |
| 7 | Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage) |
| 8 | Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis) |
| 9 | Death |
| | 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.