Iowa
Medical Malpractice Annual Report

For Calendar Year 2016

December 2017
Iowa Insurance Division

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Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2016 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, 2016, through December 31, 2016, were asked to provide specific data for claims closed during that period and separately for 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 $83,000 for closed claims. The average incurred losses and allocated loss adjustment expenses were about $125,000 for all open claims.

Of the specialty providers listed, Clinic/ Corporation and Hospital had the highest number of closed claims reported. Hospital and General Surgery had the most open claims. Orthopedics had the highest average benefits and allocated loss adjustment expenses paid for closed claims and Obstetrics/ Gynecology 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. The costliest closed claims were for claims categorized as Fracture/ Fall. The costliest open claims were from 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 – Significant and Permanent - Major were the costliest. Average paid losses and expenses by category ranged from about $2,000 to about $219,000 for closed claims. 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 $15,000 to about $631,000 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

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. 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 2016.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2016 were asked to provide data separately for any claims that closed during the year and for 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 2016 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 66.5% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2016 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 2016. They comprise 63.5% of the 2016 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. This year Continental Casualty Company reported data separately from other companies in the C N A Insurance Companies group.

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 2012	Calendar Year 2013	Calendar Year 2014	Calendar Year 2015	Calendar Year 2016
MMIC Insurance, Inc.	40.4%	41.8%	40.3%	41.0%	39.0%
ProAssurance Insurance Companies	8.4%	7.8%	6.6%	8.1%	6.7%
Medical Protective Company, The	2.8%	3.1%	3.6%	4.3%	4.1%
NCMIC Insurance Company	4.0%	4.1%	4.0%	3.9%	3.7%
MHA Insurance Company	2.1%	2.9%	3.2%	2.7%	2.9%
Preferred Professional Insurance Company	2.4%	0.3%	0.3%	0.3%	0.6%
C N A Insurance Companies	2.1%	2.3%	2.4%	2.3%	2.2%
Continental Casualty Company	0.8%	0.8%	0.9%	1.0%	1.0%
Pharmacists Mutual Insurance Company	0.4%	0.5%	0.5%	0.6%	1.1%
ISMIE Mutual Insurance Company	0.8%	0.7%	0.9%	0.9%	1.0%
Cincinnati Insurance Company, The	0.7%	0.7%	0.6%	0.6%	0.6%
Chubb Insurance Companies	0.0%	0.0%	0.0%	0.0%	0.0%
National Union Fire Insurance Company of Pittsburgh, P.A.	0.9%	0.5%	0.5%	0.2%	0.3%
Church Mutual Insurance Company	0.1%	0.1%	0.2%	0.1%	0.2%
Hudson Insurance Company	0.0%	0.0%	0.0%	0.0%	0.1%
Fortress Insurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
Capson Physicians Insurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
AMCO Insurance Company	0.6%	0.5%	0.0%	0.0%	0.0%
Total Market Share for Companies with Reported Claims for 2016	**66.5%**	**66.1%**	**64.0%**	**66.0%**	**63.5%**

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.

Several large losses were reported, for both open and closed claims. Seven closed claims had total loss and allocated loss adjustment expenses of at least $500,000. Twenty open claims had incurred amounts of $500,000 or more. Five closed claims were at least $1,000,000, with the largest paid losses and ALAE reaching about $1.5 million. Eleven 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 2016 and earlier which either were closed in 2016 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

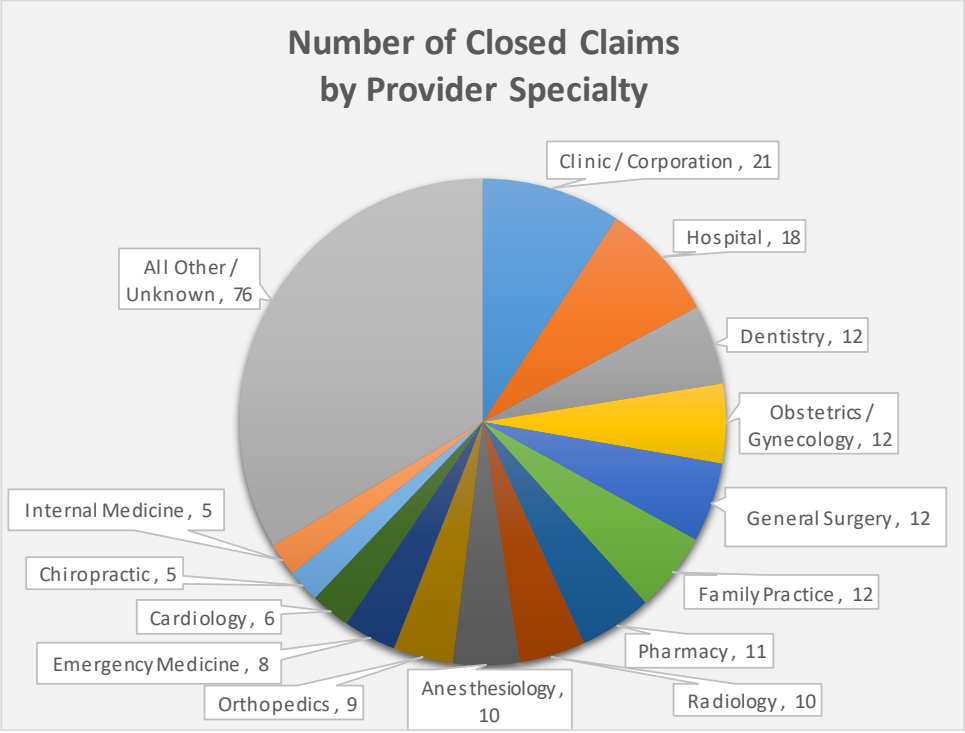
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual 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 $83,000 for all closed claims. The average incurred losses and allocated loss adjustment expenses were about $125,000 for all open claims. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2016, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2016, 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 Hospital had the highest number of closed claims reported. For open claims, Hospital had the highest number of claims followed by General Surgery. Orthopedics had the highest average benefits and allocated loss adjustment expenses paid. For open claims, Obstetrics/Gynecology had the highest average incurred losses and allocated loss adjustment expenses.

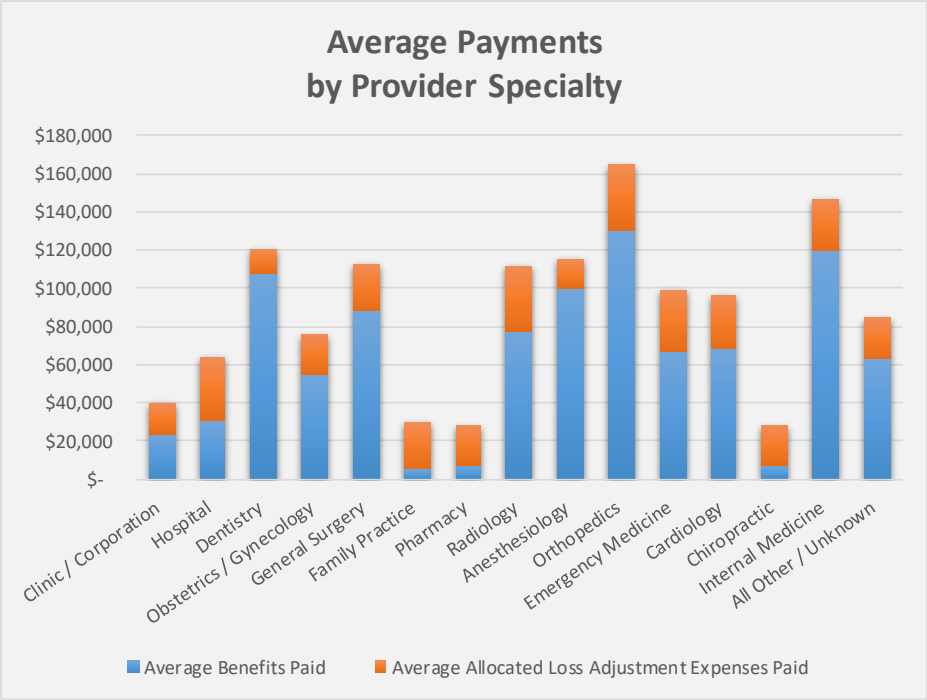
Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2016 - By Specialty

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Clinic / Corporation	21	$ 500,000	$ 336,189	$ -
Hospital	18	547,500	610,636	786
Dentistry	12	1,300,000	148,456	30,690
Obstetrics / Gynecology	12	660,000	242,459	-
General Surgery	12	1,056,191	293,889	-
Family Practice	12	66,667	292,337	-
Pharmacy	11	82,105	225,569	-
Radiology	10	777,873	334,852	-
Anesthesiology	10	1,000,000	148,809	-
Orthopedics	9	1,175,000	304,346	-
Emergency Medicine	8	533,000	255,838	-
Cardiology	6	410,000	167,568	-
Chiropractic	5	37,000	101,720	-
Internal Medicine	5	600,000	134,912	-
All Other / Unknown	76	4,793,040	1,669,120	18,973
Total	**227**	**$ 13,538,376**	**$ 5,266,700**	**$ 50,449**



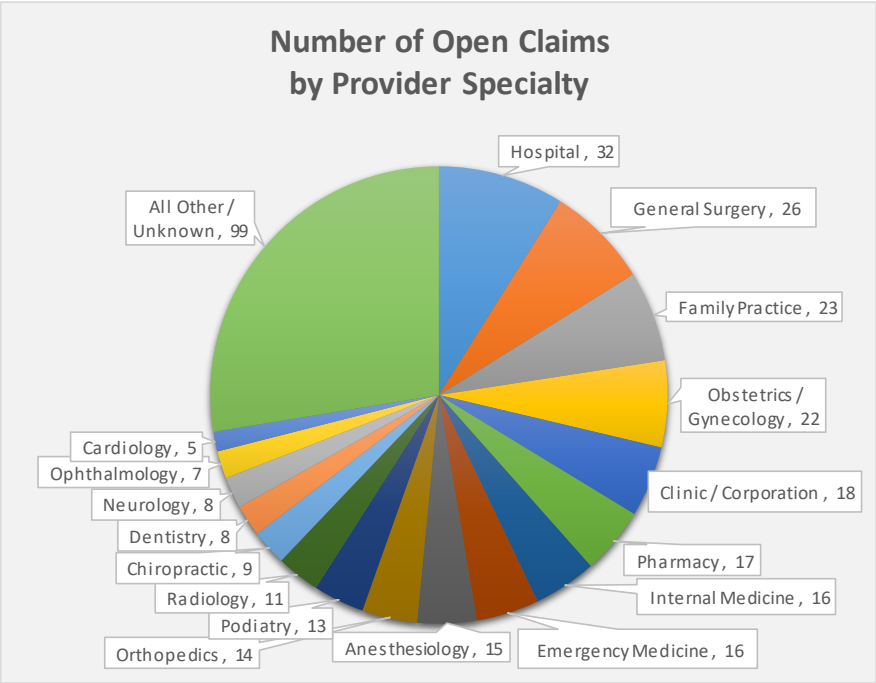
Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2016 - By Specialty

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Clinic / Corporation	21	$ 23,810	$ 16,009	$ -
Hospital	18	30,417	33,924	44
Dentistry	12	108,333	12,371	2,558
Obstetrics / Gynecology	12	55,000	20,205	-
General Surgery	12	88,016	24,491	-
Family Practice	12	5,556	24,361	-
Pharmacy	11	7,464	20,506	-
Radiology	10	77,787	33,485	-
Anesthesiology	10	100,000	14,881	-
Orthopedics	9	130,556	33,816	-
Emergency Medicine	8	66,625	31,980	-
Cardiology	6	68,333	27,928	-
Chiropractic	5	7,400	20,344	-
Internal Medicine	5	120,000	26,982	-
All Other / Unknown	76	63,066	21,962	250
Total	**227**	**$ 59,640**	**$ 23,201**	**$ 222**



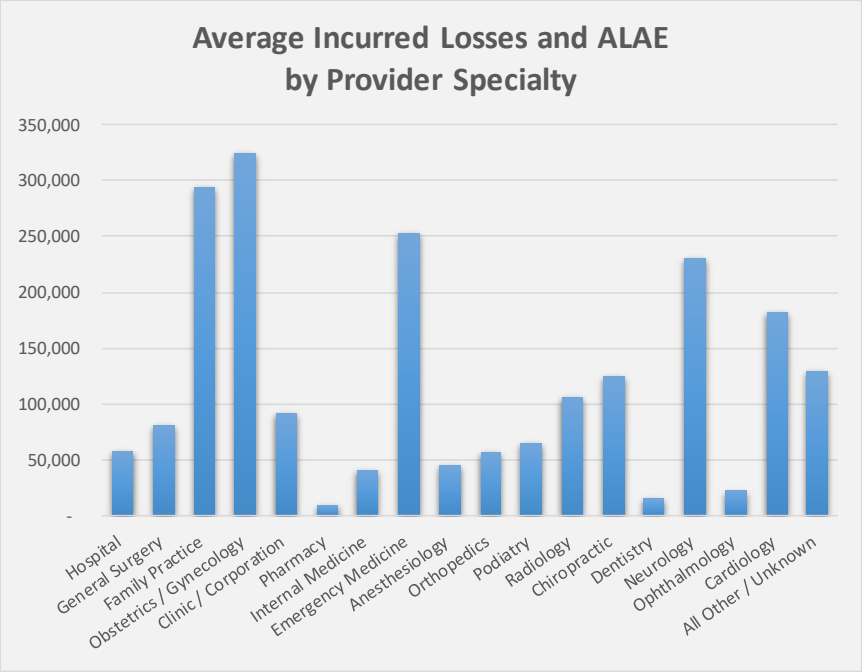
Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2016 - By Specialty

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Hospital	32	$ -	$ 653,864	$ 1,185,003
General Surgery	26	-	196,821	1,879,250
Family Practice	23	450,000	365,100	5,951,500
Obstetrics / Gynecology	22	-	801,802	6,312,250
Clinic / Corporation	18	-	212,327	1,440,641
Pharmacy	17	38,389	22,496	97,566
Internal Medicine	16	-	137,679	502,000
Emergency Medicine	16	1,500,000	467,007	2,085,500
Anesthesiology	15	-	97,821	582,376
Orthopedics	14	-	164,229	624,000
Podiatry	13	-	140,071	695,169
Radiology	11	-	242,025	917,500
Chiropractic	9	-	238,839	880,003
Dentistry	8	-	69,392	51,504
Neurology	8	-	141,513	1,696,000
Ophthalmology	7	-	28,378	126,875
Cardiology	5	-	104,306	804,000
All Other / Unknown	99	1,835	1,479,051	11,339,851
Total	**359**	**$ 1,990,224**	**$ 5,562,721**	**$ 37,170,988**



Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2016 - 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
Hospital	32	$ -	$ 20,433	$ 37,031
General Surgery	26	-	7,570	72,279
Family Practice	23	19,565	15,874	258,761
Obstetrics / Gynecology	22	-	36,446	286,920
Clinic / Corporation	18	-	11,796	80,036
Pharmacy	17	2,258	1,323	5,739
Internal Medicine	16	-	8,605	31,375
Emergency Medicine	16	93,750	29,188	130,344
Anesthesiology	15	-	6,521	38,825
Orthopedics	14	-	11,731	44,571
Podiatry	13	-	10,775	53,475
Radiology	11	-	22,002	83,409
Chiropractic	9	-	26,538	97,778
Dentistry	8	-	8,674	6,438
Neurology	8	-	17,689	212,000
Ophthalmology	7	-	4,054	18,125
Cardiology	5	-	20,861	160,800
All Other / Unknown	99	19	14,940	114,544
Total	**359**	**$ 5,544**	**$ 15,495**	**$ 103,540**



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.

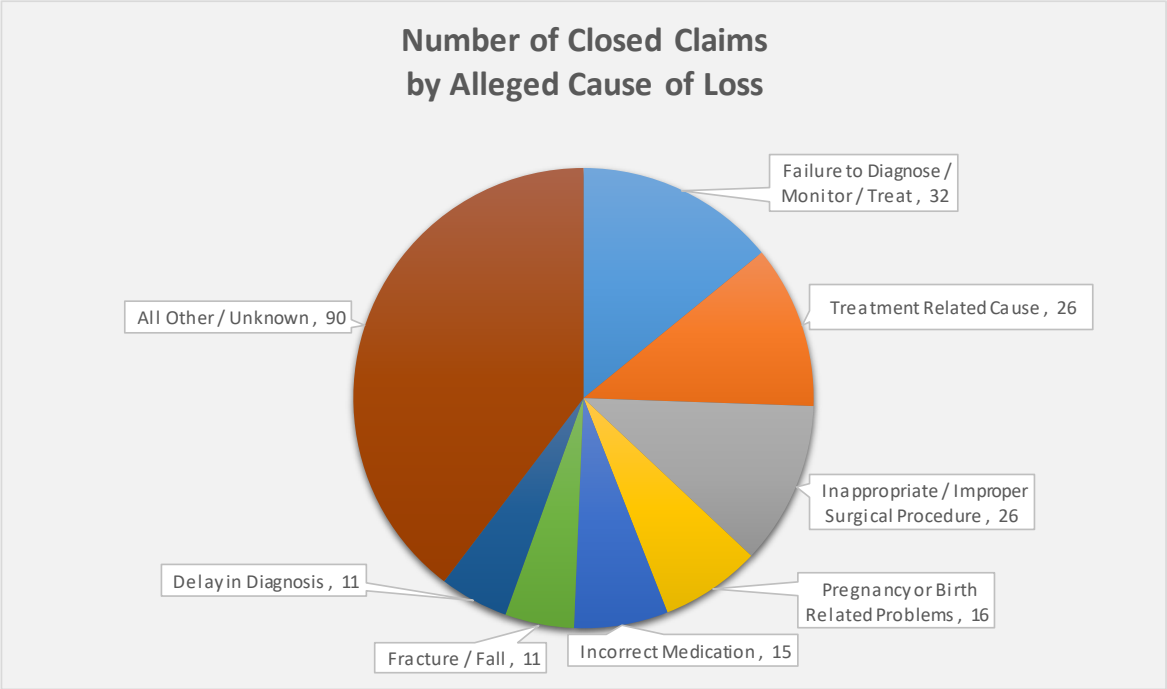
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

Failure to Diagnose/ Monitor/ Treat produced the most claims while Fracture/ Fall had on average the costliest claims at about $169,000 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 from the Pregnancy or Birth Related Problems, with about $510,000 in average incurred losses.

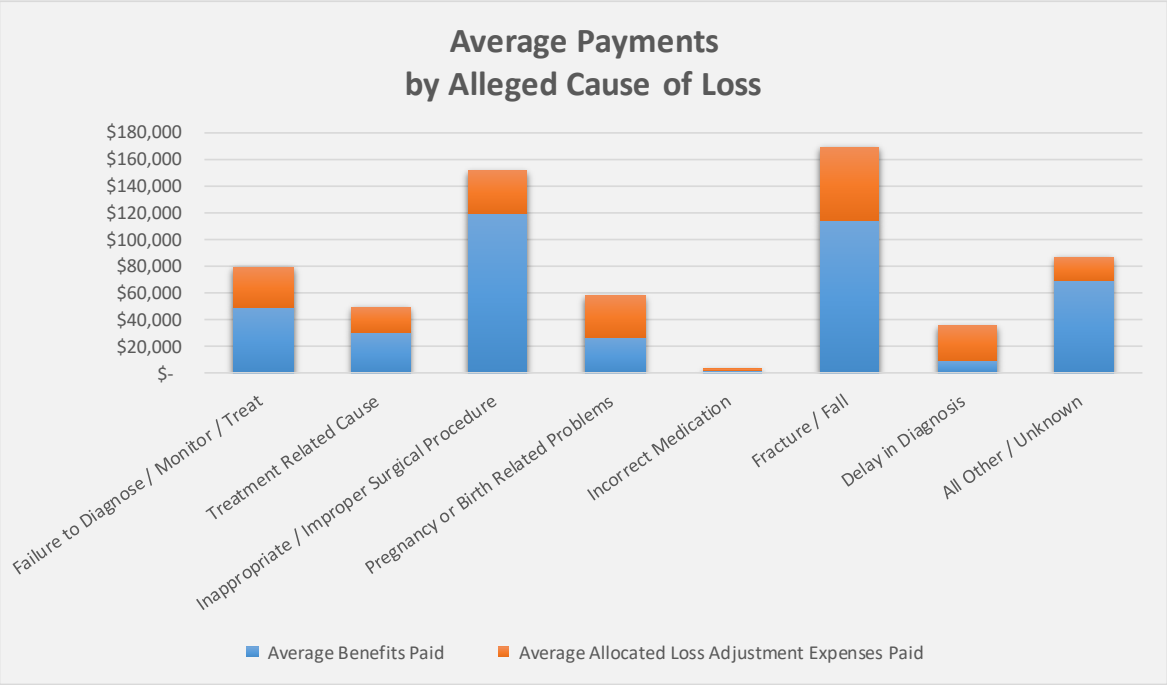
Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2016 - By Nature of Claim

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	32	$ 1,595,000	$ 932,340	$ 1,790
Treatment Related Cause	26	792,500	502,074	35,014
Inappropriate / Improper Surgical Procedure	26	3,085,000	849,175	4,268
Pregnancy or Birth Related Problems	16	437,500	504,330	-
Incorrect Medication	15	32,105	13,728	-
Fracture / Fall	11	1,256,480	600,542	-
Delay in Diagnosis	11	102,500	294,688	-
All Other / Unknown	90	6,237,291	1,569,823	9,377
Total	**227**	**$ 13,538,376**	**$ 5,266,700**	**$ 50,449**



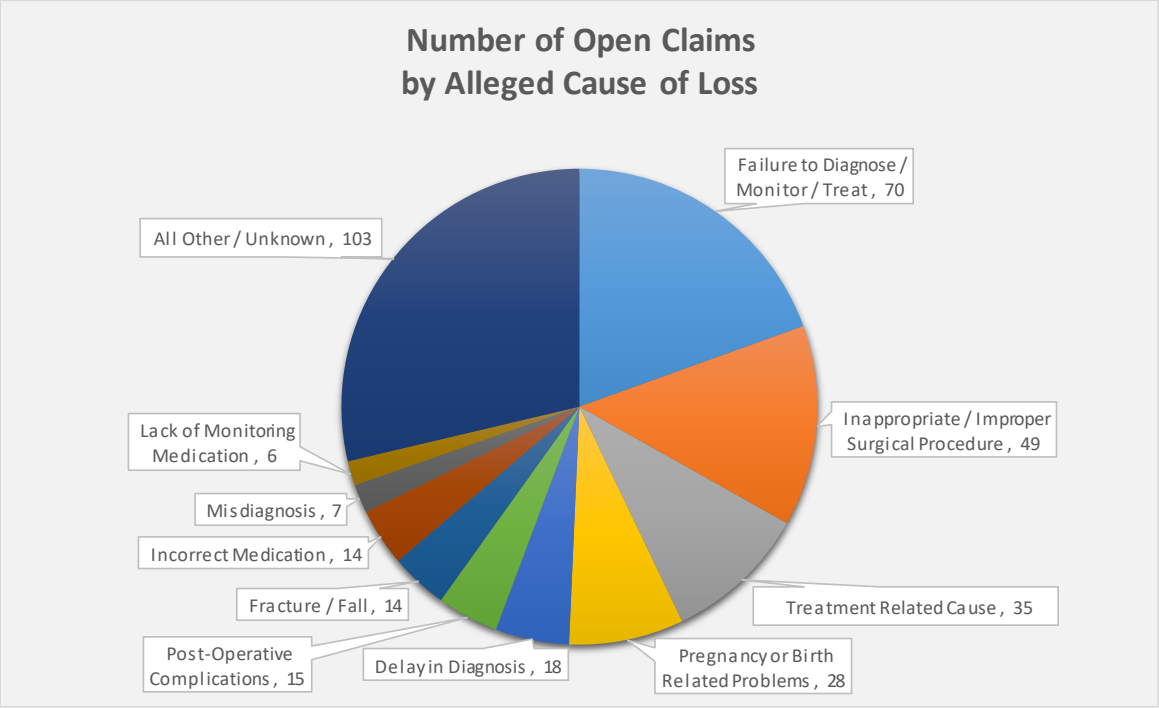
Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2016 - By Nature of Claim

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	32	$ 49,844	$ 29,136	$ 56
Treatment Related Cause	26	30,481	19,311	1,347
Inappropriate / Improper Surgical Procedure	26	118,654	32,661	164
Pregnancy or Birth Related Problems	16	27,344	31,521	-
Incorrect Medication	15	2,140	915	-
Fracture / Fall	11	114,225	54,595	-
Delay in Diagnosis	11	9,318	26,790	-
All Other / Unknown	90	69,303	17,442	104
Total	**227**	**$ 59,640**	**$ 23,201**	**$ 222**



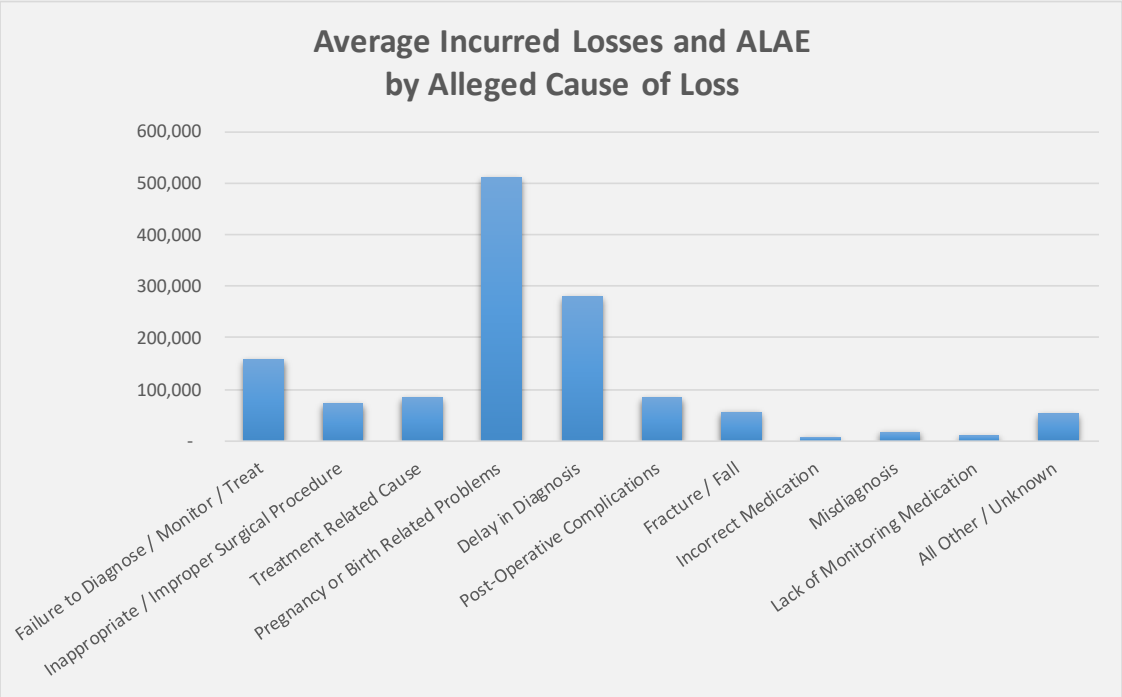
Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2016 - By Nature of Claim

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	70	$ -	$ 953,717	$ 10,054,000
Inappropriate / Improper Surgical Procedure	49	-	393,782	3,175,503
Treatment Related Cause	35	-	598,667	2,393,875
Pregnancy or Birth Related Problems	28	450,000	1,669,792	12,165,500
Delay in Diagnosis	18	1,500,000	435,478	3,110,000
Post-Operative Complications	15	-	139,776	1,142,000
Fracture / Fall	14	1,835	229,346	555,641
Incorrect Medication	14	38,389	15,264	72,566
Misdiagnosis	7	-	82,856	42,003
Lack of Monitoring Medication	6	-	14,564	52,003
All Other / Unknown	103	-	1,029,479	4,407,897
Total	**359**	**$ 1,990,224**	**$ 5,562,721**	**$ 37,170,988**



Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2016 - 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	70	$ -	$ 13,625	$ 143,629
Inappropriate / Improper Surgical Procedure	49	-	8,036	64,806
Treatment Related Cause	35	-	17,105	68,396
Pregnancy or Birth Related Problems	28	16,071	59,635	434,482
Delay in Diagnosis	18	83,333	24,193	172,778
Post-Operative Complications	15	-	9,318	76,133
Fracture / Fall	14	131	16,382	39,689
Incorrect Medication	14	2,742	1,090	5,183
Misdiagnosis	7	-	11,837	6,000
Lack of Monitoring Medication	6	-	2,427	8,667
All Other / Unknown	103	-	9,995	42,795
Total	**359**	**$ 5,544**	**$ 15,495**	**$ 103,540**



Aggregate Claim Reports by Substance of Claim

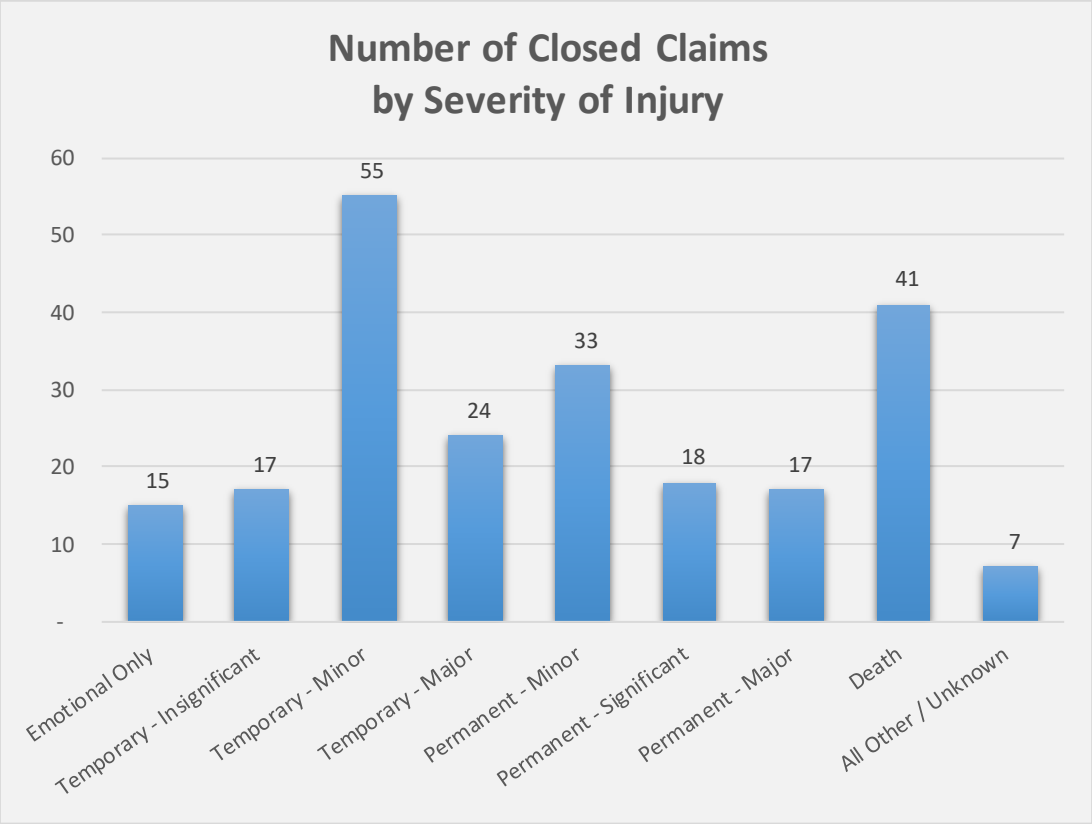
Companies were asked to classify each claim by the following severity of injury types.

- 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 and Permanent - Major. For open claims, most were Death claims, with the highest average incurred losses and allocated loss adjustment expenses being for Grave claims. Average paid losses and expenses by category ranged from about $2,000 to about $219,000 for closed claims. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about $15,000 to about $631,000 for open claims.

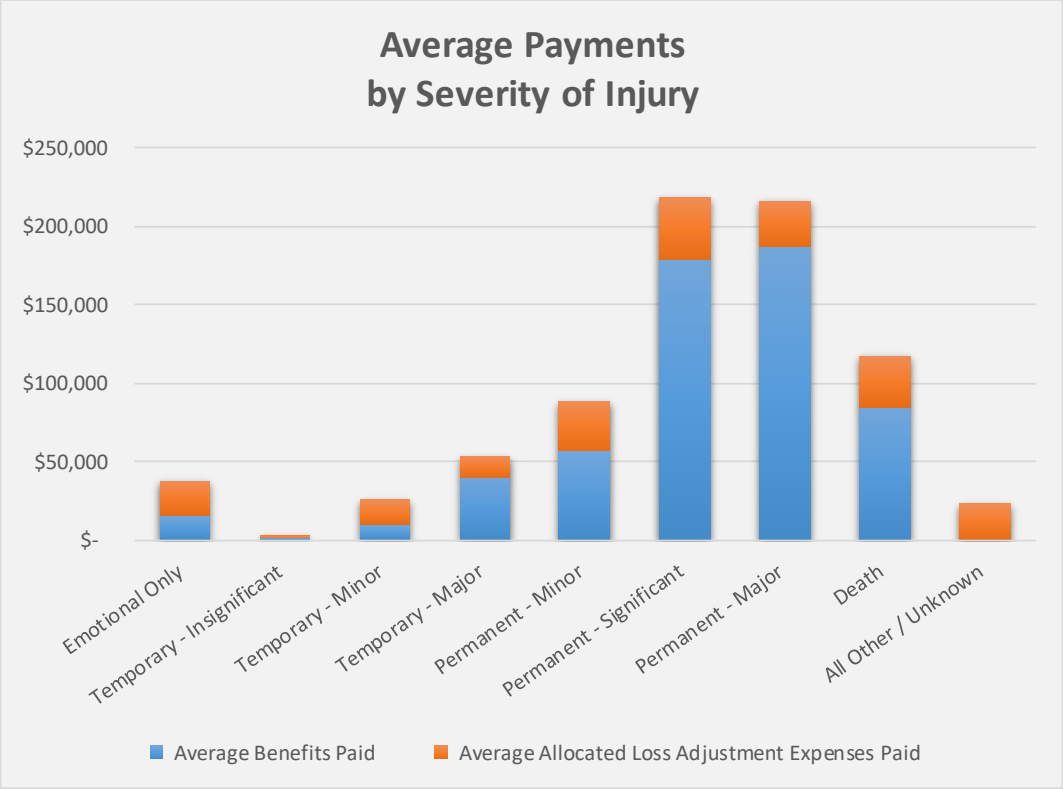
Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2016 - By Severity of Claim

Severity of Injury	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	15	$ 245,000	$ 325,290	$ 786
Temporary - Insignificant	17	32,105	5,970	5,681
Temporary - Minor	55	555,511	854,633	35,014
Temporary - Major	24	953,500	324,409	-
Permanent - Minor	33	1,896,564	1,011,445	4,268
Permanent - Significant	18	3,212,500	725,312	4,700
Permanent - Major	17	3,175,000	506,070	-
Death	41	3,467,980	1,354,796	-
All Other / Unknown	7	216	158,775	-
Total	**227**	**$ 13,538,376**	**$ 5,266,700**	**$ 50,449**



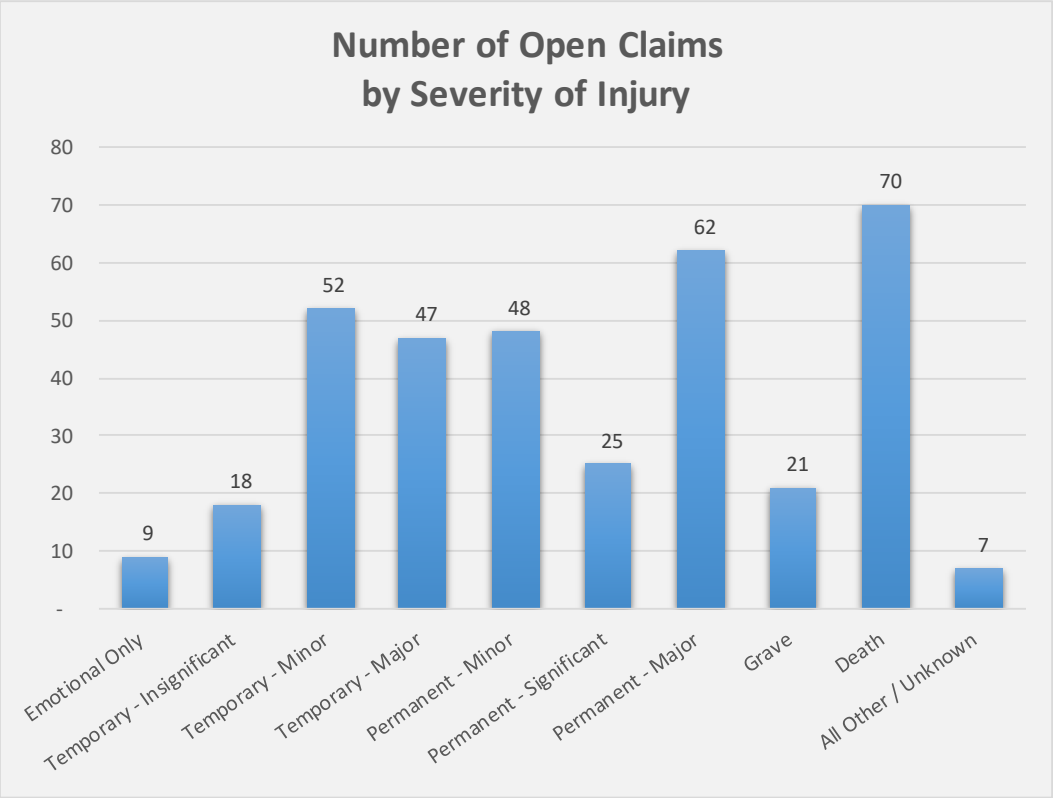
Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2016 - By Severity of Claim

Severity of Injury	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	15	$ 16,333	$ 21,686	$ 52
Temporary - Insignificant	17	1,889	351	334
Temporary - Minor	55	10,100	15,539	637
Temporary - Major	24	39,729	13,517	-
Permanent - Minor	33	57,472	30,650	129
Permanent - Significant	18	178,472	40,295	261
Permanent - Major	17	186,765	29,769	-
Death	41	84,585	33,044	-
All Other / Unknown	7	31	22,682	-
Total	**227**	**$ 59,640**	**$ 23,201**	**$ 222**



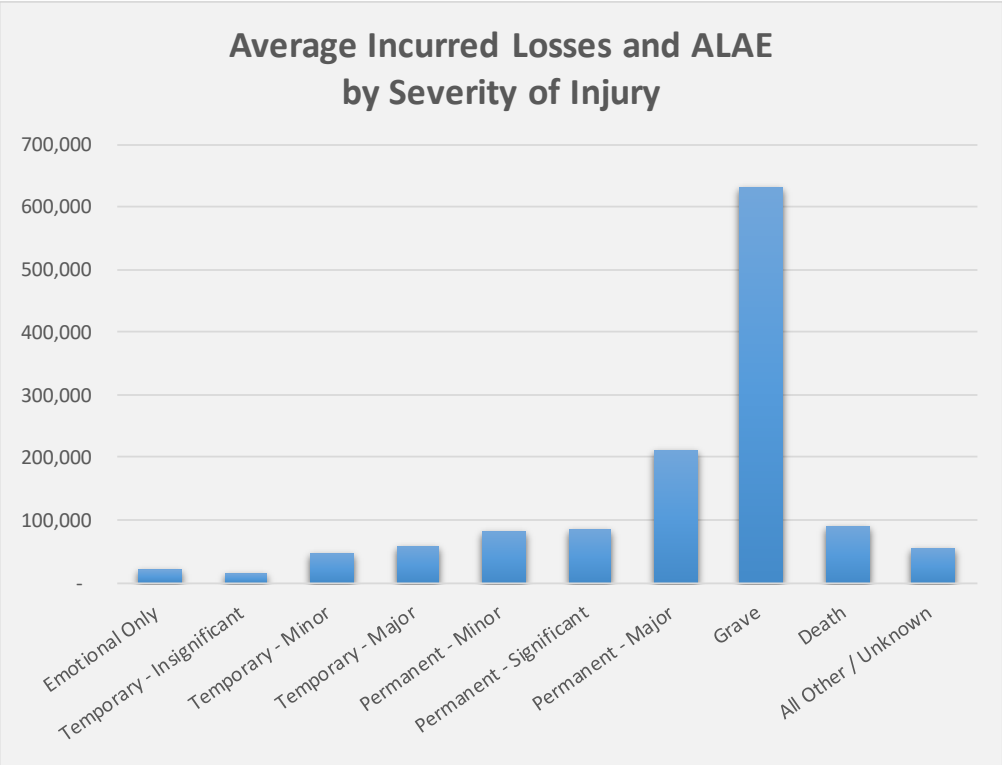
Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2016 - By Severity of Claim

Severity of Injury	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Emotional Only	9	$ 2,000	$ 84,978	$ 87,501
Temporary - Insignificant	18	36,389	31,601	202,566
Temporary - Minor	52	-	467,008	2,022,253
Temporary - Major	47	-	510,899	2,172,975
Permanent - Minor	48	-	647,741	3,271,674
Permanent - Significant	25	-	341,855	1,748,000
Permanent - Major	62	1,950,000	1,206,712	10,017,375
Grave	21	-	998,266	12,250,500
Death	70	-	1,056,072	5,238,144
All Other / Unknown	7	1,835	217,589	160,000
Total	**359**	**$ 1,990,224**	**$ 5,562,721**	**$ 37,170,988**



Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2016 - By Severity of Claim

Severity of Injury	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but not Disposed
Emotional Only	9	$ 222	$ 9,442	$ 9,722
Temporary - Insignificant	18	2,022	1,756	11,254
Temporary - Minor	52	-	8,981	38,889
Temporary - Major	47	-	10,870	46,234
Permanent - Minor	48	-	13,495	68,160
Permanent - Significant	25	-	13,674	69,920
Permanent - Major	62	31,452	19,463	161,571
Grave	21	-	47,536	583,357
Death	70	-	15,087	74,831
All Other / Unknown	7	262	31,084	22,857
Total	**359**	**$ 5,544**	**$ 15,495**	**$ 103,540**



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

AMCO Insurance Company
Capson Physicians Insurance Company
Chubb Insurance Companies
Church Mutual Insurance Company
Continental Casualty Company
ISMIE Mutual Insurance Company

Companies Grouped for Open Claim Report

Chubb Insurance Companies
Cincinnati Insurance Company, The
Continental Casualty Company
Fortress Insurance Company
Hudson Insurance Company
National Union Fire Insurance Company of Pittsburgh, P.A.

Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Specialty
Calendar Year 2016

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 Other / Unknown	11	$ 1,302,500	$ 202,213	$ 50,449
Cincinnati Insurance Company, The					
	All Other / Unknown	6	300	2,608	
Medical Protective Company, The					
	All Other / Unknown	11	75,000	358,889	
MHA Insurance Company					
	Hospital	8	200,000	374,568	
	All Other / Unknown	7	437,500	171,333	
MMIC Insurance, Inc.					
	Anesthesiology	9	1,000,000	147,651	
	Emergency Medicine	7	358,000	208,566	
	Family Practice	9	66,667	230,970	
	General Surgery	6	56,191	85,029	
	Obstetrics / Gynecology	8	162,500	117,915	
	Orthopedics	6	1,150,000	249,080	
	Radiology	9	675,373	256,658	
	All Other / Unknown	76	4,212,560	1,520,548	
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All Other / Unknown	14	175,000	120,478	
NCMIC Insurance Company					
	All Other / Unknown	14	1,692,000	327,721	
Pharmacists Mutual Insurance Company					
	Pharmacy	8	81,805	222,961	
Preferred Professional Insurance Company					
	All Other / Unknown	9	320,000	204,001	
Grouped Companies					
	All Other / Unknown	9	1,572,980	465,511	
Total		**227**	**$ 13,538,376**	**$ 5,266,700**	**$ 50,449**

Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Specialty
Calendar Year 2016

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 Other / Unknown	10		$ 40,137	$ 427,509
ISMIE Mutual Insurance Company					
	All Other / Unknown	10		48,395	500,000
Medical Protective Company, The					
	Clinic / Corporation	13		185,405	1,000,000
	All Other / Unknown	20		345,738	3,224,000
MHA Insurance Company					
	All Other / Unknown	7		97,255	285,000
MMIC Insurance, Inc.					
	Anesthesiology	9		38,442	465,375
	Emergency Medicine	13	1,500,000	421,936	1,560,500
	Family Practice	21	450,000	354,056	5,876,500
	General Surgery	14		132,649	1,424,250
	Internal Medicine	7		49,804	225,000
	Neurology	7		140,743	1,671,000
	Obstetrics / Gynecology	17		662,291	3,962,250
	Ophthalmology	7		28,378	126,875
	Orthopedics	7		105,016	312,000
	Radiology	10		232,163	915,500
	All Other / Unknown	88	1,835	1,456,994	11,171,850
NCMIC Insurance Company					
	Chiropractic	7		234,011	845,000
	All Other / Unknown	9		37,979	660,000
Pharmacists Mutual Insurance Company					
	Pharmacy	16	38,389	22,496	97,566
Preferred Professional Insurance Company					
	General Surgery	8		46,569	155,000
	Internal Medicine	5		39,492	125,000
	Hospital	27		569,659	1,075,000
	All Other / Unknown	8		47,062	190,000
ProAssurance Insurance Companies					
	Podiatry	8		130,499	589,499
Grouped Companies					
	All Other / Unknown	11		95,552	286,314
Total		**359**	**$ 1,990,224**	**$ 5,562,721**	**$ 37,170,988**

Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Nature of Claim
Calendar Year 2016

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 Other / Unknown	11	$ 1,302,500	$ 202,213	$ 50,449
Cincinnati Insurance Company, The					
	All Other / Unknown	6	300	2,608	
Medical Protective Company, The					
	All Other / Unknown	11	75,000	358,889	
MHA Insurance Company					
	Treatment Related Cause	6	200,000	164,944	
	All Other / Unknown	9	437,500	380,957	
MMIC Insurance, Inc.					
	Failure to Diagnose / Monitor / Treat	17	1,100,000	479,547	
	Delay in Diagnosis	8		167,464	
	Inappropriate / Improper Surgical Procedure	12	1,515,000	423,961	
	Treatment Related Cause	7	67,500	202,288	
	Pregnancy or Birth Related Problems	7		183,592	
	Fracture / Fall	6	390,000	322,025	
	All Other / Unknown	73	4,608,791	1,037,540	
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All Other / Unknown	14	175,000	120,478	
NCMIC Insurance Company					
	Failure to Diagnose / Monitor / Treat	6	100,000	146,047	
	All Other / Unknown	8	1,592,000	181,674	
Pharmacists Mutual Insurance Company					
	All Other / Unknown	8	81,805	222,961	
Preferred Professional Insurance Company					
	All Other / Unknown	9	320,000	204,001	
Grouped Companies					
	All Other / Unknown	9	1,572,980	465,511	
Total		**227**	**$ 13,538,376**	**$ 5,266,700**	**$ 50,449**

Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Nature of Claim
Calendar Year 2016

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 Other / Unknown	10		$ 40,137	$ 427,509
ISMIE Mutual Insurance Company					
	All Other / Unknown	10		48,395	500,000
Medical Protective Company, The					
	Failure to Diagnose / Monitor / Treat	6		39,298	402,000
	Inappropriate / Improper Surgical Procedure	9		124,546	458,000
	All Other / Unknown	18		367,299	3,364,000
MHA Insurance Company					
	All Other / Unknown	7		97,255	285,000
MMIC Insurance, Inc.					
	Failure to Diagnose / Monitor / Treat	45		480,635	8,699,500
	Delay in Diagnosis	13	1,500,000	381,002	2,860,000
	Treatment Related Cause	15		172,946	1,092,875
	Pregnancy or Birth Related Problems	22	450,000	1,380,985	8,740,500
	Fracture / Fall	13	1,835	216,127	315,000
	All Other / Unknown	92		990,777	6,003,225
NCMIC Insurance Company					
	Treatment Related Cause	11		245,681	1,120,000
	All Other / Unknown	5		26,309	385,000
Pharmacists Mutual Insurance Company					
	All Other / Unknown	16	38,389	22,496	97,566
Preferred Professional Insurance Company					
	Failure to Diagnose / Monitor / Treat	15		387,201	695,000
	Inappropriate / Improper Surgical Procedure	23		165,870	525,000
	All Other / Unknown	10		149,711	325,000
ProAssurance Insurance Companies					
	All Other / Unknown	8		130,499	589,499
Grouped Companies					
	All Other / Unknown	11		95,552	286,314
Total		**359**	**$ 1,990,224**	**$ 5,562,721**	**$ 37,170,988**

Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Substance of Claim
Calendar Year 2016

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 Other / Unknown	11	$ 1,302,500	$ 202,213	$ 50,449
Cincinnati Insurance Company, The					
	All Other / Unknown	6	300	2,608	
Medical Protective Company, The					
	All Other / Unknown	11	75,000	358,889	
MHA Insurance Company					
	All Other / Unknown	15	637,500	545,901	
MMIC Insurance, Inc.					
	Emotional Only	7		104,454	
	Temporary - Minor	42	332,011	418,764	
	Temporary - Major	10	147,500	62,667	
	Permanent - Minor	20	1,296,564	789,483	
	Permanent - Significant	6	462,500	177,721	
	Permanent - Major	14	3,175,000	418,880	
	Death	23	2,267,500	737,816	
	All Other / Unknown	8	216	106,632	
National Union Fire Insurance Company of Pittsburgh, P.A.					
	All Other / Unknown	14	175,000	120,478	
NCMIC Insurance Company					
	Temporary - Major	5	76,000	115,399	
	All Other / Unknown	9	1,616,000	212,322	
Pharmacists Mutual Insurance Company					
	All Other / Unknown	8	81,805	222,961	
Preferred Professional Insurance Compar					
	All Other / Unknown	9	320,000	204,001	
Grouped Companies					
	All Other / Unknown	9	1,572,980	465,511	
Total		**227**	**$ 13,538,376**	**$ 5,266,700**	**$ 50,449**

Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Substance of Claim
Calendar Year 2016

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 Other / Unknown	10		$ 40,137	$ 427,509
ISMIE Mutual Insurance Company					
	All Other / Unknown	10		48,395	500,000
Medical Protective Company, The					
	Temporary - Major	6		41,863	8,000
	Permanent - Minor	6		31,422	352,000
	Death	13		93,801	408,000
	All Other / Unknown	8		364,057	3,456,000
MHA Insurance Company					
	All Other / Unknown	7		97,255	285,000
MMIC Insurance, Inc.					
	Temporary - Minor	37		331,162	1,295,250
	Temporary - Major	18		127,598	1,539,975
	Permanent - Minor	24		458,868	2,411,500
	Permanent - Significant	10		104,972	213,500
	Permanent - Major	52	1,950,000	904,058	6,415,375
	Grave	20		944,430	12,175,500
	Death	33		739,018	3,639,500
	All Other / Unknown	6	1,835	12,366	20,500
NCMIC Insurance Company					
	Permanent - Significant	7		78,973	875,000
	All Other / Unknown	9		193,017	630,000
Pharmacists Mutual Insurance Company					
	Temporary - Insignificant	11	36,389	15,264	72,566
	All Other / Unknown	5	2,000	7,232	25,000
Preferred Professional Insurance Company					
	Temporary - Minor	6		43,733	170,000
	Temporary - Major	8		89,634	125,000
	Permanent - Minor	12		107,744	275,000
	Permanent - Major	5		7,872	150,000
	Death	11		156,507	475,000
	All Other / Unknown	6		297,292	350,000
ProAssurance Insurance Companies					
	All Other / Unknown	8		130,499	589,499
Grouped Companies					
	All Other / Unknown	11		95,552	286,314
Total		**359**	**$ 1,990,224**	**$ 5,562,721**	**$ 37,170,988**

STATE OF IOWA

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

DATE: **March 8, 2017**
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, 2016 through December 31, 2016.

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

DUE DATE: **June 1, 2017**

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, 2017.

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, 2016 through December 31, 2016. Also provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits open as of December 31, 2016.

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, 2016, report this only within the open claims report.

9. If a claim was reopened and then closed within the period from January 1, 2016 through December 31, 2016, 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

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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 were "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, 2017.

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, 2016.

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	6	Dentist	11	Clinic/Corporation
2	Surgeon	7	Family/General Practitioner	12	Home Health
3	Nurse	8	Pharmacist		Other/Unknown: _____
4	Technician	9	Hospital		
5	Chiropractor	10	Nursing Home		

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

1	Allergy/Immunology	10	Neurology	19	Radiology
2	Anesthesiology	11	Obstetrics/Gynecology	20	Chiropractic
3	Cardiology	12	Ophthalmology	21	Dentistry
4	Dermatology	13	Orthopedics	22	Pharmacy
5	Emergency Medicine	14	Pathology	23	Hospital
6	Family Practice	15	Pediatrics	24	Healthcare Facility
7	Gastroenterology	16	Plastic Surgery	25	Clinic/Corporation
8	General Surgery	17	Podiatry	26	Physician Assistant
9	Internal Medicine	18	Psychiatry	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	11	Post-Operative Complications
2	Misdiagnosis	12	Treatment Related Cause
3	Delay in Diagnosis	13	Pregnancy or Birth Related Problems
4	Incorrect Medication	14	Lack of Informed Consent or Failure to Obtain Consent
5	Lack of Monitoring Medication	15	Diseases/Medical Condition
6	Side Effect of Medication	16	Wrong Diagnosis
7	Lack of Supervision or Control	17	Fracture/Fall
8	Inappropriate/Improper Surgical Procedure		
9	Unnecessary Surgical Procedure	18	Inappropriate Procedure
10	Instrument/Sponge Left after Surgery		
			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):

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

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

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

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:

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