

**Iowa**  
**Medical Malpractice Annual Report**  
**For Calendar Year 2009**

December 2010  
Iowa Insurance Division

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## Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2009 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, 2009, through December 31, 2009, 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 portrayal of Iowa's medical malpractice insurance market. Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$128,000. An increase in average benefits paid for one of the companies that reported was a primary reason for the large increase in average payments of benefits plus allocated loss adjustment expenses from last year to this year. The average incurred losses and allocated loss adjustment expenses for all open claims were about \$143,000. Of the specialty providers listed, Hospitals and Clinics or Corporations had the most number of claims reported in both the open and closed claim reports. Of closed claims provider specialty categories with 20 or more claims, Obstetrics or Gynecology had the highest average benefits and allocated loss adjustment expenses paid. Of open claims categories with 20 or more claims, Family Practice and Obstetrics or Gynecology had the highest average incurred losses and allocated loss adjustment expenses.

For closed and open claims, Failure to Diagnose/Monitor/Treat and Treatment Related Cause produced more claims than any other listed alleged cause of loss. For categories with at least 20 claims, the costliest closed claims on average were for Delay in Diagnosis claims and the open claims with the highest average incurred losses and loss adjustment expenses were from the Pregnancy or Birth Related Problems and the Delay in Diagnosis categories.

For closed claims, most were Death and Permanent - Major claims, with the costliest claims on average being for Permanent - Major. For open claims, most were Death and Permanent - Minor claims, with the highest average incurred losses and allocated loss adjustment expenses being for Grave. Average paid losses and expenses for closed claims by category ranged from less than \$9,000 to more than \$407,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$28,000 to more than \$788,000.

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

The Division recommends that we evaluate the NAIC model law and review the guidelines for implementation of Medical Professional Liability Closed Claim Reporting to determine whether the model law should be adopted in Iowa. If the model law is adopted in Iowa it would help produce data that is comparable with other states that have adopted the model law and would provide companies with consistent reporting requirements for states that have adopted the model law. However, Iowa law still requires the reporting of open claims and closed claims data, thus creating dual reporting requirements should the NAIC model be adopted in Iowa.

Statutory language requests that carriers report the total amounts paid within six months after final disposition of the claims. In the four years of collecting this information only a few companies have data to report and it provides no information about the overall market. Therefore, the Division recommends considering elimination of the requirement to report these amounts paid.

## **Introduction**

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2009.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2009, 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 2009, 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 72.2% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2009 direct written premiums. Non licensed companies accounted for 24.5% of the market and surplus lines companies accounted for 3.3% of the market.

Page 7 shows a history of the market shares for companies that wrote medical malpractice business in 2009. 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 writing medical malpractice insurance in Iowa have changed from year to year. New companies start writing, others cease writing the business. From 2008 to 2009 3 companies (1 licensed) that didn't report written premium or reported \$0 in written premium in 2008 had positive written premium in 2009. Also 4 companies (1 licensed) that reported positive written premium in 2008 did not report written premium or reported \$0 in written premium in 2009. The premium volume that each company wrote also changed dramatically for some companies from year to year. Most of the business is written by a few companies, but even those companies have changed year to year and the market share written has shifted.

All of the companies required to comply with the data request responded either by providing the claims data or by stating that they had no applicable claims to report.

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

<b>Company Name</b>	<b>Calendar Year 2005</b>	<b>Calendar Year 2006</b>	<b>Calendar Year 2007</b>	<b>Calendar Year 2008</b>	<b>Calendar Year 2009</b>
Midwest Medical Insurance Company	35.9%	36.5%	33.8%	39.0%	36.0%
ProAssurance Wisconsin Insurance Company	15.0%	15.6%	13.3%	12.5%	14.5%
AMCO Insurance Company	3.0%	2.8%	2.8%	3.2%	2.8%
NCMIC Insurance Company	1.3%	1.4%	1.6%	1.9%	2.8%
C N A Insurance Companies	1.9%	2.1%	2.4%	3.0%	2.7%
Medical Protective Company, The	2.5%	2.3%	2.2%	2.7%	2.4%
MHA Insurance Company	0.3%	1.0%	1.9%	2.3%	2.4%
Preferred Professional Insurance Company	2.4%	2.1%	2.2%	2.6%	2.4%
ISMIE Mutual Insurance Company	3.3%	1.0%	1.2%	1.2%	1.1%
Podiatry Insurance Company of America, A Mutual Company	0.9%	1.0%	1.0%	1.1%	1.1%
Cincinnati Insurance Company	1.2%	1.1%	1.0%	1.0%	0.8%
COPIC Insurance Company	0.5%	0.3%	0.4%	0.5%	0.5%
Doctors Company, The	0.4%	0.6%	0.4%	0.6%	0.5%
of Pittsburgh, P.A.	0.3%	0.5%	0.4%	0.6%	0.5%
Fireman's Fund Insurance Company	0.4%	0.5%	0.5%	0.5%	0.4%
Ace American Insurance Company	0.3%	0.3%	0.4%	0.4%	0.4%
Church Mutual Insurance Company	0.1%	0.1%	0.1%	0.2%	0.2%
Zurich American Insurance Company	0.0%	0.0%	0.0%	0.1%	0.2%
Darwin National Assurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Total</b>	<b>69.9%</b>	<b>69.4%</b>	<b>65.5%</b>	<b>73.4%</b>	<b>71.6%</b>

## **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.

There were 11 claims that closed with total loss and allocated loss adjustment expenses above one million dollars and 13 open claims with incurred amounts of one million dollars or more. All but two of those claims were between \$1,000,000 and \$2,000,000.



## **Limitations**

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

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

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

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

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

The report provides a snapshot of Iowa's medical malpractice insurance market. It includes claims from 2009 and earlier which either were closed in 2009 or remained open at the end of the year for those companies that responded to the data request. Since medical malpractice claims can take years to be reported and closed, the claims closed in a year and open at the end of the year do not correspond to premiums for that year.

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

## **Aggregate Claim Reports by Specialty of Provider**

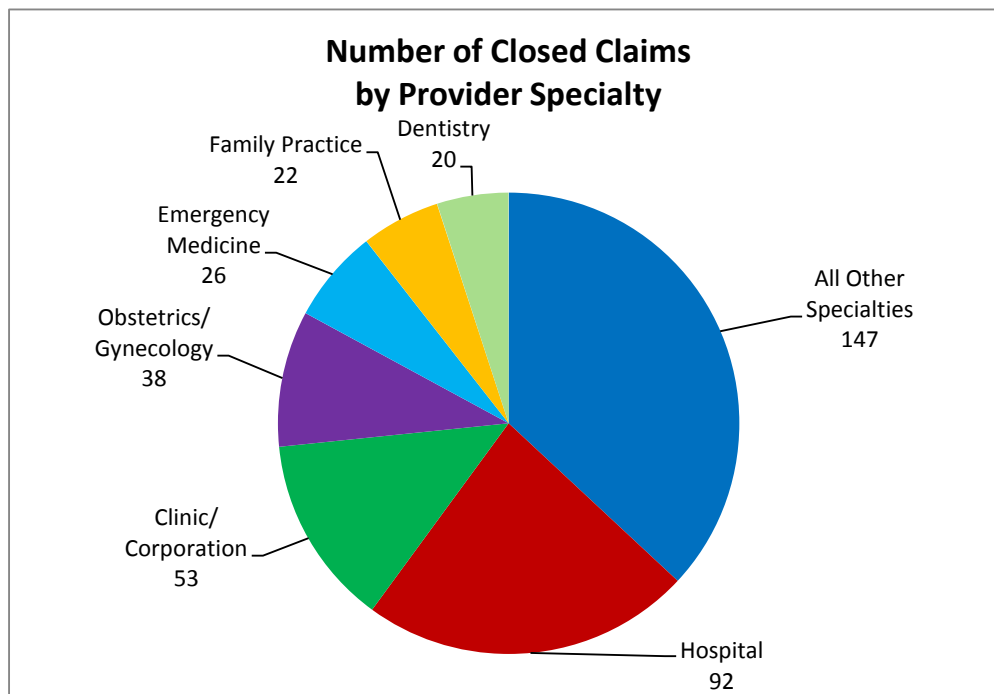
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual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

Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$128,000. The average incurred losses and allocated loss adjustment expenses for all open claims were about \$143,000. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2009, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2009, 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.

Hospitals and Clinics or Corporations had the most number of claims reported in both the open and closed claim reports. Of closed claims provider specialty categories with 20 or more claims, Obstetrics or Gynecology had the highest average benefits and allocated loss adjustment expenses paid. Of open claims categories with 20 or more claims, Family Practice and Obstetrics or Gynecology had the highest average incurred losses and allocated loss adjustment expenses.

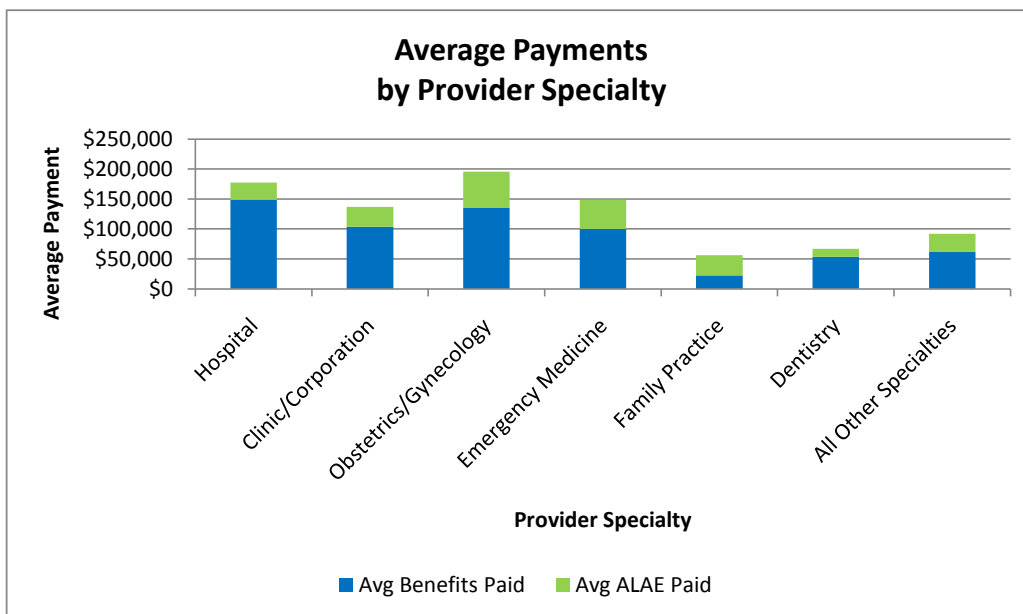
**Iowa Insurance Division  
 Medical Malpractice Closed Claim Report  
 Total Benefits and Expenses  
 Calendar Year 2009 - By Specialty**

<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Additional Payments After 6 Months from Disposition</b>
Hospital	92	\$ 13,650,363	\$ 2,676,452	\$ 274,744
Clinic/Corporation	53	5,506,725	1,735,164	366,797
Obstetrics/Gynecology	38	5,167,500	2,263,114	159,004
Emergency Medicine	26	2,605,000	1,264,665	324,476
Family Practice	22	499,152	734,811	61,637
Dentistry	20	1,065,326	270,763	45
Anesthesiology	15	915,000	183,309	17,228
Orthopedics	15	773,200	686,438	152,468
Cardiology	14	1,628,598	727,771	22,886
General Surgery	13	1,108,000	243,288	74,441
Plastic Surgery	9	180,000	354,492	30,607
Radiology	9	750,000	195,290	-
Chiropractic	8	1,015,526	256,330	-
Pediatrics	8	810,000	392,862	50,321
Healthcare Facility	7	653,312	23,168	7,293
Internal Medicine	7	180,000	306,561	36,513
Neurology	7	-	255,534	6,524
Podiatry	5	-	270,793	-
Other/Unknown	30	990,118	625,117	20,922
<b>Total</b>	<b>398</b>	<b>\$ 37,497,819</b>	<b>\$ 13,465,922</b>	<b>\$ 1,605,908</b>



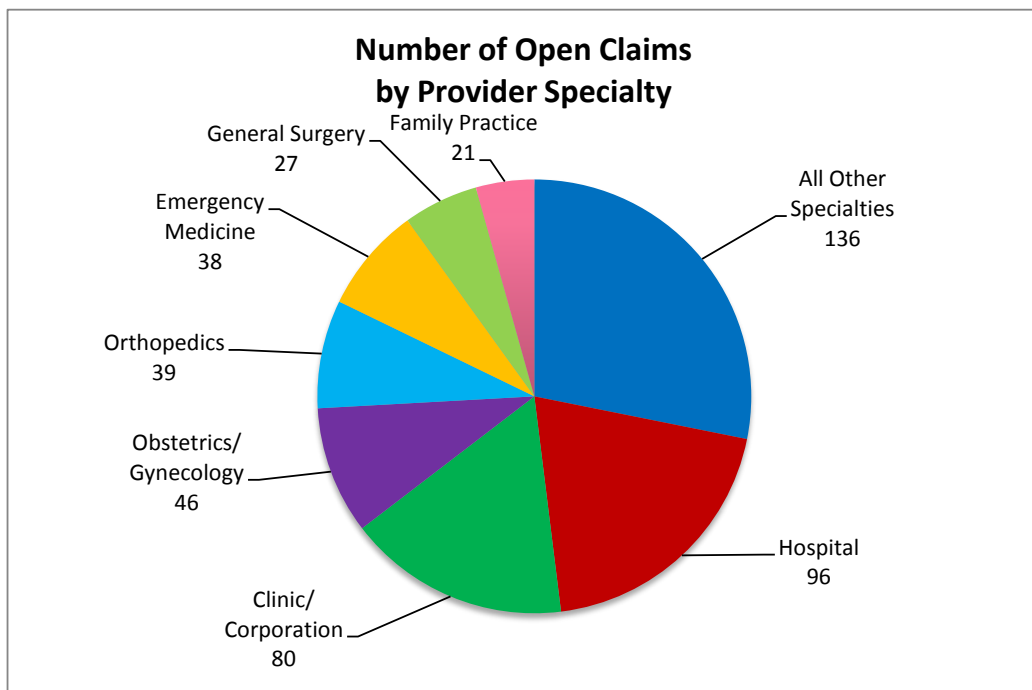
**Iowa Insurance Division  
 Medical Malpractice Closed Claim Report  
 Average Benefits and Expenses  
 Calendar Year 2009 - By Specialty**

<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Average Benefits Paid</b>	<b>Average Allocated Loss Adjustment Expenses Paid</b>	<b>Average Additional Payments After 6 Months from Disposition</b>
Hospital	92	\$ 148,374	\$ 29,092	\$ 2,986
Clinic/Corporation	53	103,900	32,739	6,921
Obstetrics/Gynecology	38	135,987	59,556	4,184
Emergency Medicine	26	100,192	48,641	12,480
Family Practice	22	22,689	33,400	2,802
Dentistry	20	53,266	13,538	2
Anesthesiology	15	61,000	12,221	1,149
Orthopedics	15	51,547	45,763	10,165
Cardiology	14	116,328	51,984	1,635
General Surgery	13	85,231	18,714	5,726
Plastic Surgery	9	20,000	39,388	3,401
Radiology	9	83,333	21,699	-
Chiropractic	8	126,941	32,041	-
Pediatrics	8	101,250	49,108	6,290
Healthcare Facility	7	93,330	3,310	1,042
Internal Medicine	7	25,714	43,794	5,216
Neurology	7	-	36,505	932
Podiatry	5	-	54,159	-
Other/Unknown	30	33,004	20,837	697
<b>Total</b>	<b>398</b>	<b>\$ 94,216</b>	<b>\$ 33,834</b>	<b>\$ 4,035</b>



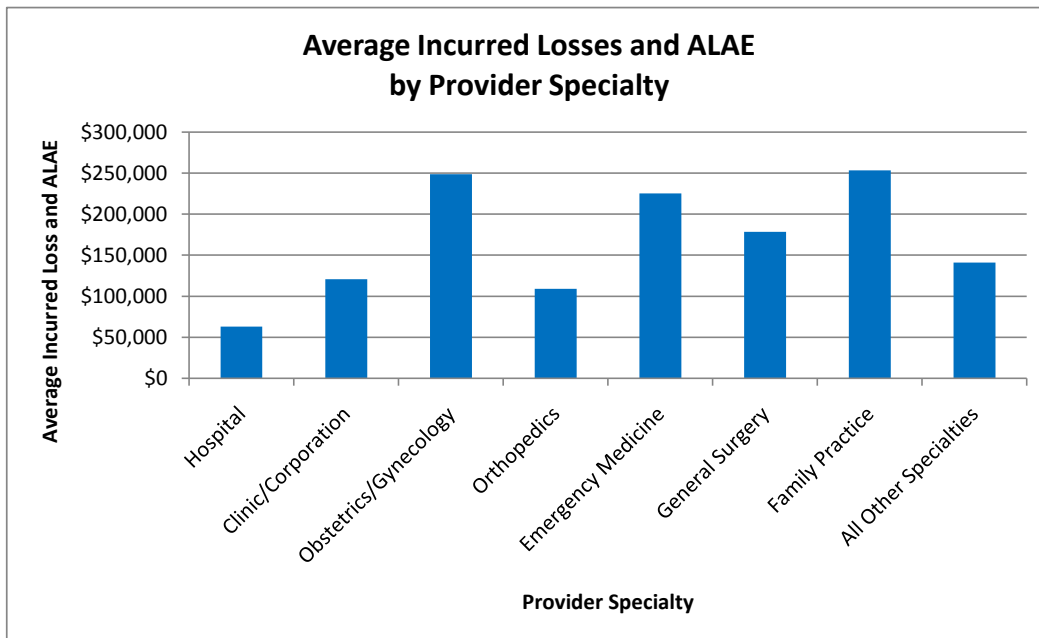
**Iowa Insurance Division  
 Medical Malpractice Open Claim Report  
 Total Benefits and Expenses  
 Calendar Year 2009 - By Specialty**

<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
Hospital	96	\$ 98,068	\$ 1,002,698	\$ 4,941,401
Clinic/Corporation	80	-	1,052,323	8,598,973
Obstetrics/Gynecology	46	750,000	1,058,162	9,628,596
Orthopedics	39	-	568,688	3,684,145
Emergency Medicine	38	105,125	1,407,206	7,054,663
General Surgery	27	215,000	401,454	4,197,187
Family Practice	21	-	499,428	4,817,964
Dentistry	15	-	19,218	508,152
Healthcare Facility	12	176,820	187,562	302,535
Radiology	12	-	276,117	1,462,656
Anesthesiology	11	30,000	186,968	2,074,545
Cardiology	6	-	162,564	1,051,324
Gastroenterology	6	-	34,975	1,431,271
Pediatrics	6	-	298,686	1,711,321
Plastic Surgery	6	-	137,058	520,000
Psychiatry	6	-	62,131	210,000
Chiropractic	5	-	-	675,000
Internal Medicine	5	-	38,488	194,554
Ophthalmology	5	-	32,992	1,264,531
Other/Unknown	41	-	853,493	5,294,541
<b>Total</b>	<b>483</b>	<b>\$ 1,375,013</b>	<b>\$ 8,280,213</b>	<b>\$ 59,623,361</b>



**Iowa Insurance Division  
 Medical Malpractice Open Claim Report  
 Average Benefits and Expenses  
 Calendar Year 2009 - By Specialty**

<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Average Benefits Paid</b>	<b>Average Allocated Loss Adjustment Expenses Paid</b>	<b>Average Reserve for Incurred and Reported but not Disposed</b>
Hospital	96	\$ 1,022	\$ 10,445	\$ 51,473
Clinic/Corporation	80	-	13,154	107,487
Obstetrics/Gynecology	46	16,304	23,004	209,317
Orthopedics	39	-	14,582	94,465
Emergency Medicine	38	2,766	37,032	185,649
General Surgery	27	7,963	14,869	155,451
Family Practice	21	-	23,782	229,427
Dentistry	15	-	1,281	33,877
Healthcare Facility	12	14,735	15,630	25,211
Radiology	12	-	23,010	121,888
Anesthesiology	11	2,727	16,997	188,595
Cardiology	6	-	27,094	175,221
Gastroenterology	6	-	5,829	238,545
Pediatrics	6	-	49,781	285,220
Plastic Surgery	6	-	22,843	86,667
Psychiatry	6	-	10,355	35,000
Chiropractic	5	-	-	135,000
Internal Medicine	5	-	7,698	38,911
Ophthalmology	5	-	6,598	252,906
Other/Unknown	41	-	20,817	129,135
<b>Total</b>	<b>483</b>	<b>\$ 2,847</b>	<b>\$ 17,143</b>	<b>\$ 123,444</b>



## **Aggregate Claim Reports by Nature of Claim**

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

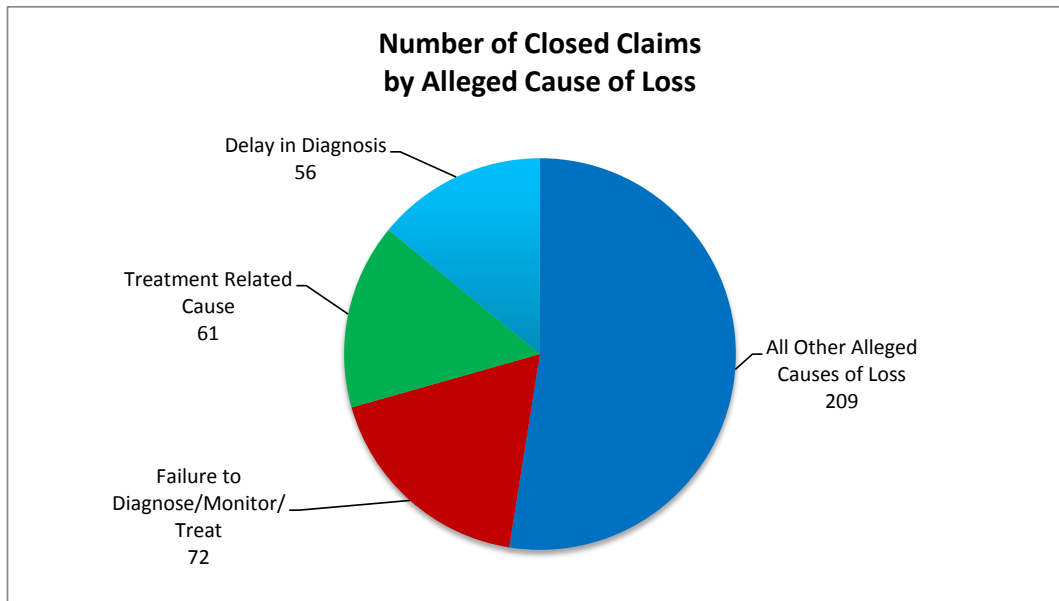
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

For closed claims, Failure to Diagnose/Monitor/Treat and Treatment Related Cause produced the most claims, with the costliest claims on average being for Delay in Diagnosis claims.

Most open claims were also from Failure to Diagnose/Monitor/Treat and Treatment Related Cause. The claims with the highest average incurred losses and allocated loss adjustment expenses were from the Pregnancy or Birth Related Problems and the Delay in Diagnosis categories.

**Iowa Insurance Division  
 Medical Malpractice Closed Claim Report  
 Total Benefits and Expenses  
 Calendar Year 2009 - By Nature of Claim**

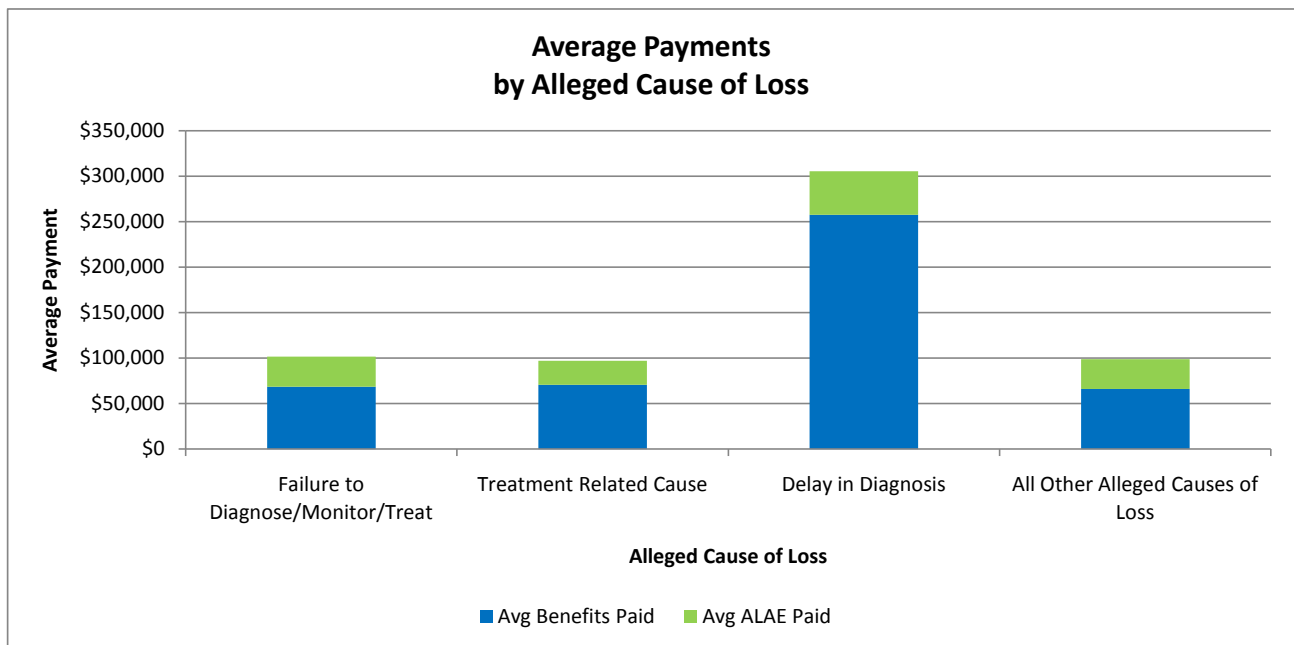
Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Failure to Diagnose/Monitor/Treat	72	\$ 4,941,516	\$ 2,368,174	\$ 289,373
Treatment Related Cause	61	4,316,580	1,603,035	91,652
Delay in Diagnosis	56	14,411,975	2,691,850	464,539
Inappropriate/Improper Surgical Procedure	19	3,344,655	1,297,444	382,394
Fracture/Fall	15	112,358	223,724	-
Incorrect Medication	12	30,000	67,311	19,344
Lack of Supervision or Control	12	2,025,834	154,613	26,021
Pregnancy or Birth Related Problems	10	2,600,000	1,457,116	-
Wrong Diagnosis	7	-	437,605	138,351
Misdiagnosis	5	655,716	163,398	12,523
Other/Unknown	129	5,059,186	3,001,652	181,712
<b>Total</b>	<b>398</b>	<b>\$ 37,497,819</b>	<b>\$ 13,465,922</b>	<b>\$ 1,605,908</b>





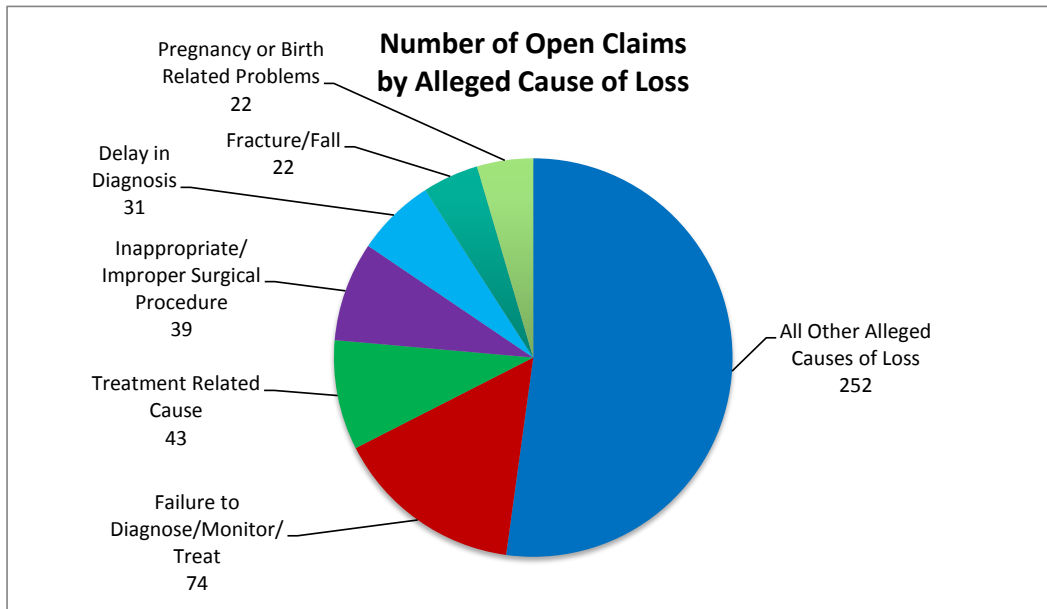
**Iowa Insurance Division  
 Medical Malpractice Closed Claim Report  
 Average Benefits and Expenses  
 Calendar Year 2009 - By Nature of Claim**

<b>Alleged Cause of Loss</b>	<b>Number of Claims</b>	<b>Average Benefits Paid</b>	<b>Average Allocated Loss Adjustment Expenses Paid</b>	<b>Average Additional Payments After 6 Months from Disposition</b>
Failure to Diagnose/Monitor/Treat	72	\$ 68,632	\$ 32,891	\$ 4,019
Treatment Related Cause	61	70,764	26,279	1,502
Delay in Diagnosis	56	257,357	48,069	8,295
Inappropriate/Improper Surgical Procedure	19	176,034	68,287	20,126
Fracture/Fall	15	7,491	14,915	-
Incorrect Medication	12	2,500	5,609	1,612
Lack of Supervision or Control	12	168,820	12,884	2,168
Pregnancy or Birth Related Problems	10	260,000	145,712	-
Wrong Diagnosis	7	-	62,515	19,764
Misdiagnosis	5	131,143	32,680	2,505
Other/Unknown	129	39,218	23,269	1,409
<b>Total</b>	<b>398</b>	<b>\$ 94,216</b>	<b>\$ 33,834</b>	<b>\$ 4,035</b>



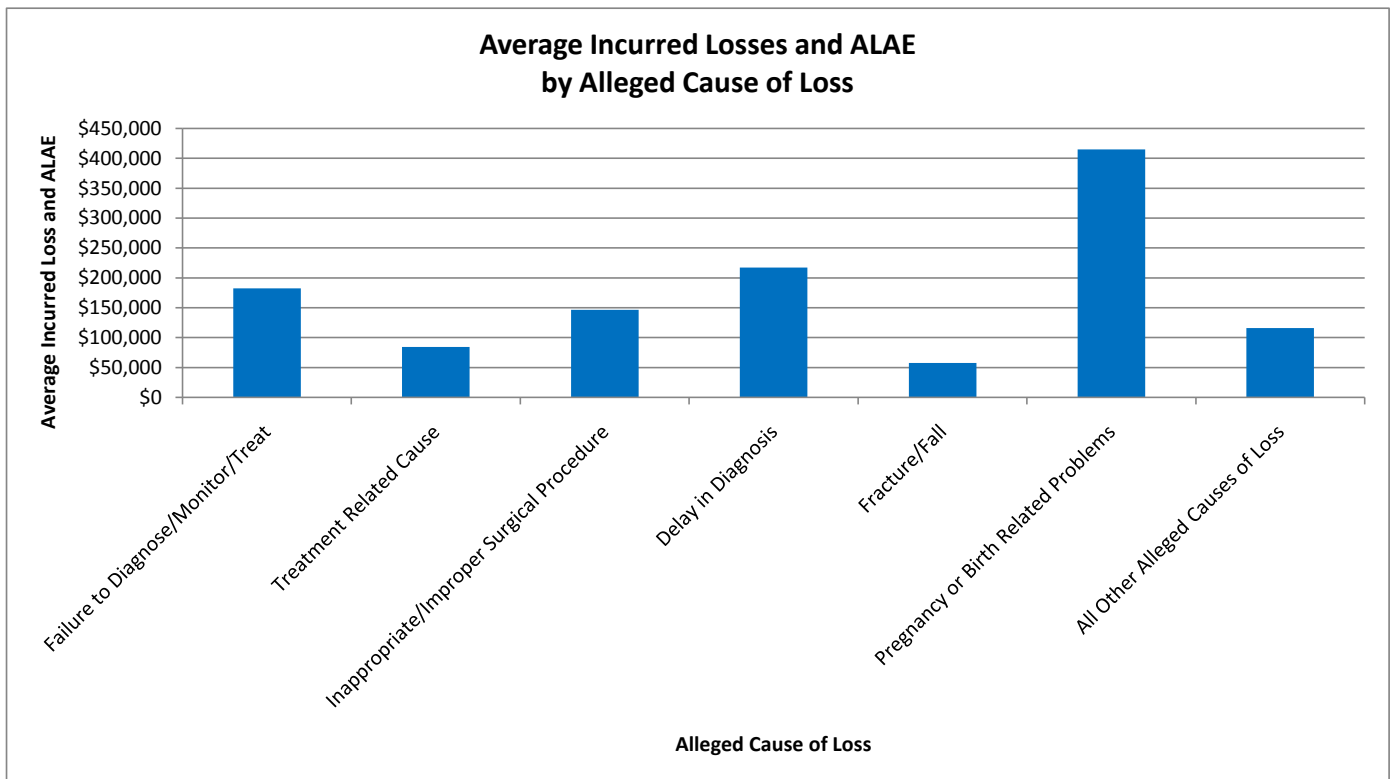
**Iowa Insurance Division  
 Medical Malpractice Open Claim Report  
 Total Benefits and Expenses  
 Calendar Year 2009 - By Nature of Claim**

<b>Alleged Cause of Loss</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
Failure to Diagnose/Monitor/Treat	74	\$ 105,125	\$ 1,571,332	\$ 11,822,288
Treatment Related Cause	43	-	490,743	3,136,863
Inappropriate/Improper Surgical Procedure	39	30,000	455,550	5,223,596
Delay in Diagnosis	31	-	498,910	6,232,759
Fracture/Fall	22	163,614	245,960	864,541
Pregnancy or Birth Related Problems	22	810,792	1,052,642	7,266,894
Lack of Supervision or Control	16	12,886	166,430	781,832
Incorrect Medication	5	-	30,098	54,000
Post-Operative Complications	5	215,000	9,914	69,086
Wrong Diagnosis	5	-	178,025	1,091,975
Other/Unknown	221	37,596	3,580,608	23,079,528
<b>Total</b>	<b>483</b>	<b>\$ 1,375,013</b>	<b>\$ 8,280,213</b>	<b>\$ 59,623,361</b>



**Iowa Insurance Division  
 Medical Malpractice Open Claim Report  
 Average Benefits and Expenses  
 Calendar Year 2009 - 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	74	\$ 1,421	\$ 21,234	\$ 159,761
Treatment Related Cause	43	-	11,413	72,950
Inappropriate/Improper Surgical Procedure	39	769	11,681	133,938
Delay in Diagnosis	31	-	16,094	201,057
Fracture/Fall	22	7,437	11,180	39,297
Pregnancy or Birth Related Problems	22	36,854	47,847	330,313
Lack of Supervision or Control	16	805	10,402	48,865
Incorrect Medication	5	-	6,020	10,800
Post-Operative Complications	5	43,000	1,983	13,817
Wrong Diagnosis	5	-	35,605	218,395
Other/Unknown	221	170	16,202	104,432
<b>Total</b>	<b>483</b>	<b>\$ 2,847</b>	<b>\$ 17,143</b>	<b>\$ 123,444</b>



## **Aggregate Claim Reports by Substance of Claim**

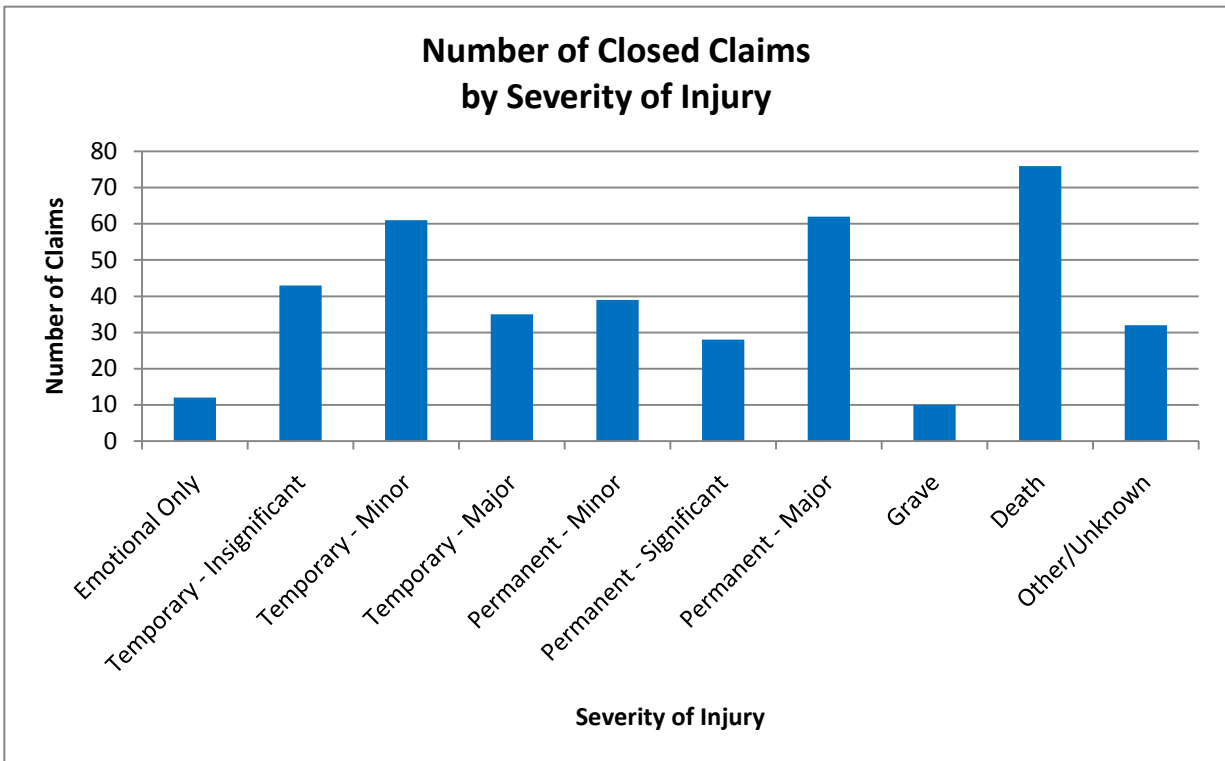
Companies were asked to classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary - Minor (e.g. infections, misset 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 Death and Permanent - Major claims, with the costliest claims on average being for Permanent - Major. For open claims, most were Death and Permanent - Minor claims, with the highest average incurred losses and allocated loss adjustment expenses being for Grave. Average paid losses and expenses for closed claims by category ranged from less than \$9,000 to more than \$407,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$28,000 to more than \$788,000.

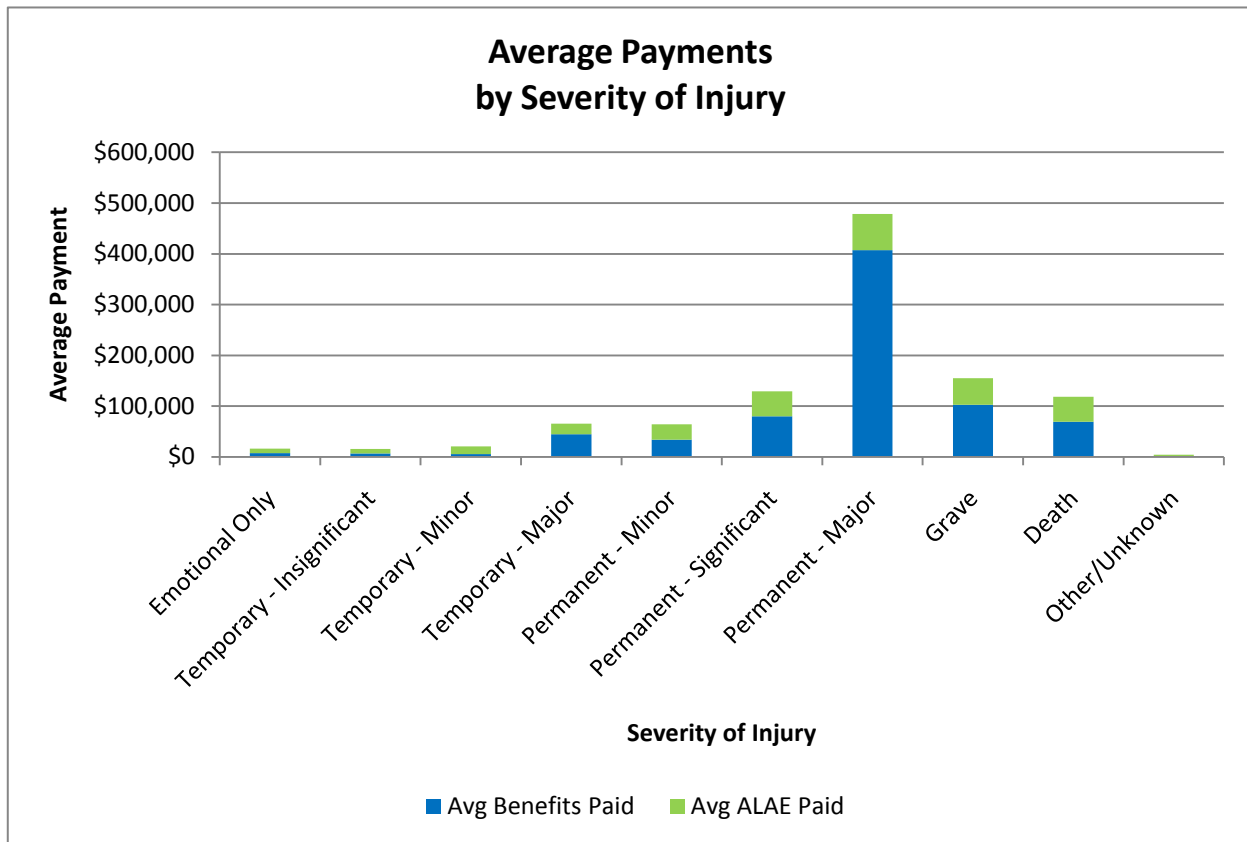
**Iowa Insurance Division  
 Medical Malpractice Closed Claim Report  
 Total Benefits and Expenses  
 Calendar Year 2009 - By Substance of Claim**

<b>Severity</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Additional Payments After 6 Months from Disposition</b>
Emotional Only	12	\$ 93,618	\$ 105,128	\$ 10,516
Temporary - Insignificant	43	293,451	387,531	16,791
Temporary - Minor	61	347,548	923,355	60,236
Temporary - Major	35	1,573,955	716,901	236,836
Permanent - Minor	39	1,319,328	1,181,752	84,169
Permanent - Significant	28	2,247,496	1,379,072	119,995
Permanent - Major	62	25,262,273	4,406,182	425,812
Grave	10	1,025,000	528,484	105,444
Death	76	5,271,516	3,754,479	495,479
Other/Unknown	32	63,634	83,037	50,630
<b>Total</b>	<b>398</b>	<b>\$ 37,497,819</b>	<b>\$ 13,465,922</b>	<b>\$ 1,605,908</b>



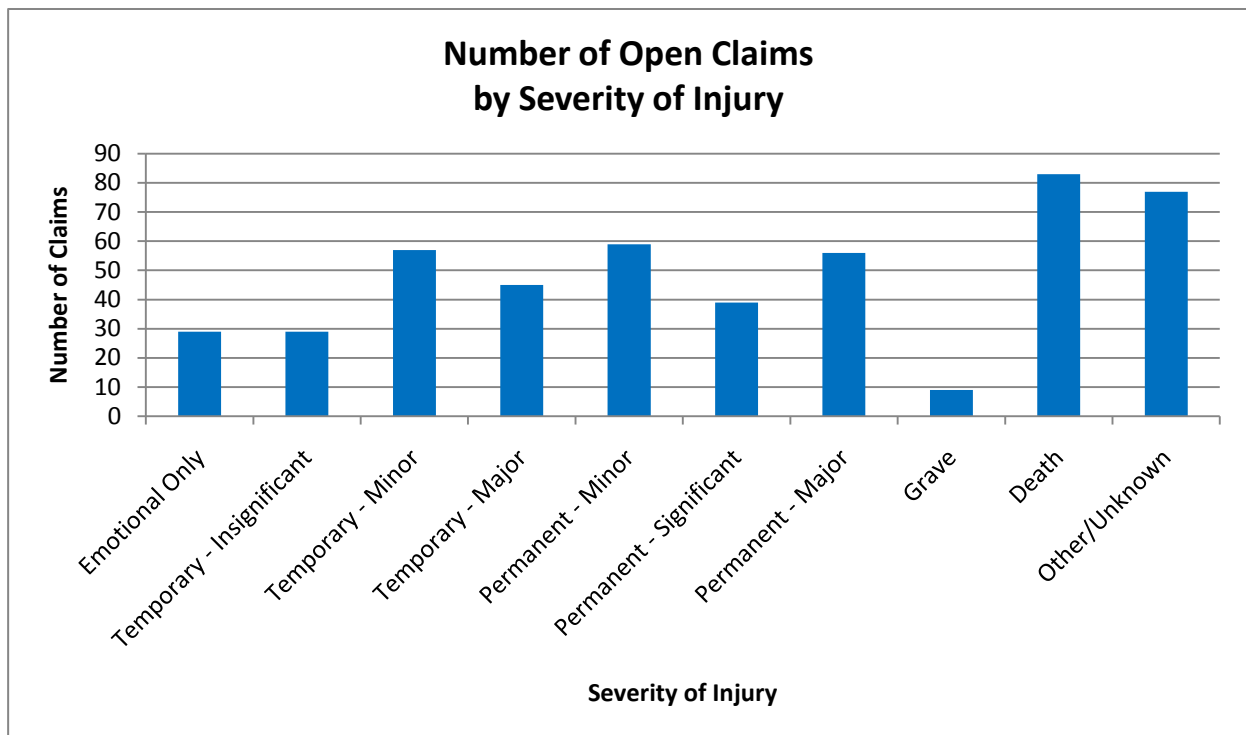
**Iowa Insurance Division  
 Medical Malpractice Closed Claim Report  
 Average Benefits and Expenses  
 Calendar Year 2009 - By Substance of Claim**

<b>Severity</b>	<b>Number of Claims</b>	<b>Average Benefits Paid</b>	<b>Average Allocated Loss Adjustment Expenses Paid</b>	<b>Average Additional Payments After 6 Months from Disposition</b>
Emotional Only	12	\$ 7,802	\$ 8,761	\$ 876
Temporary - Insignificant	43	6,824	9,012	390
Temporary - Minor	61	5,698	15,137	987
Temporary - Major	35	44,970	20,483	6,767
Permanent - Minor	39	33,829	30,301	2,158
Permanent - Significant	28	80,268	49,253	4,286
Permanent - Major	62	407,456	71,067	6,868
Grave	10	102,500	52,848	10,544
Death	76	69,362	49,401	6,519
Other/Unknown	32	1,989	2,595	1,582
<b>Total</b>	<b>398</b>	<b>\$ 94,216</b>	<b>\$ 33,834</b>	<b>\$ 4,035</b>



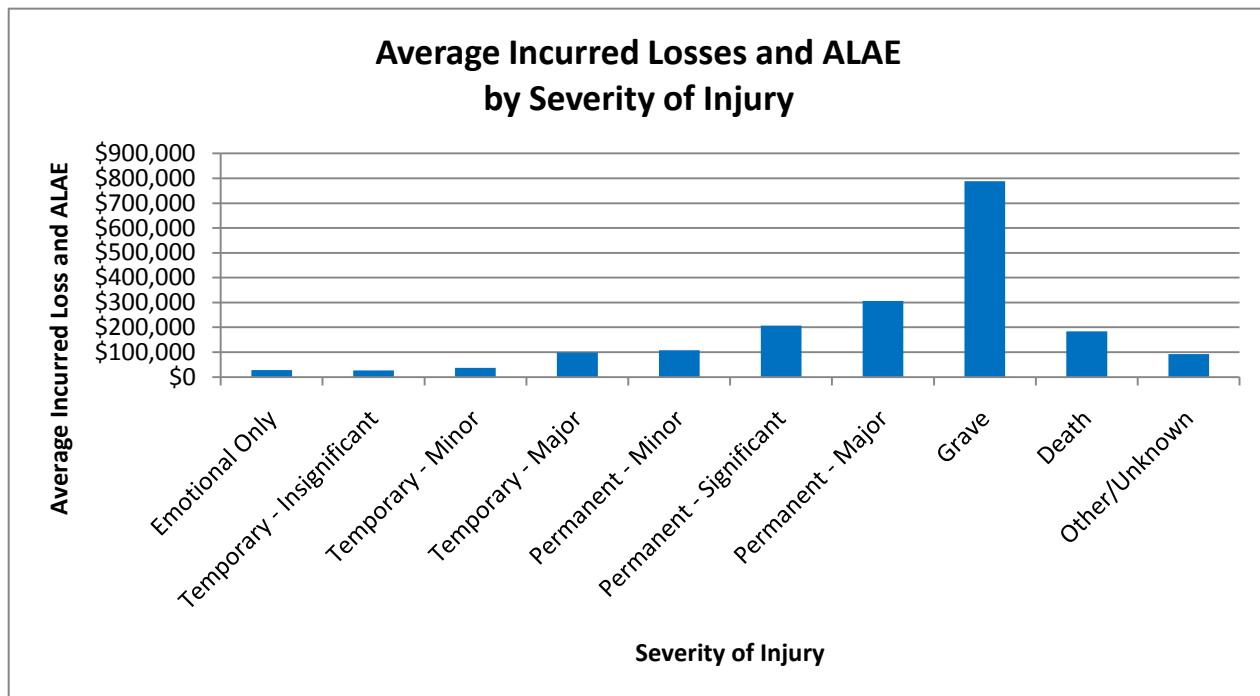
**Iowa Insurance Division  
 Medical Malpractice Open Claim Report  
 Total Benefits and Expenses  
 Calendar Year 2009 - By Substance of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Emotional Only	29	\$ -	\$ 232,422	\$ 574,868
Temporary - Insignificant	29	66,626	164,088	557,621
Temporary - Minor	57	34,884	368,259	1,710,878
Temporary - Major	45	-	574,327	3,865,430
Permanent - Minor	59	30,000	1,002,919	5,323,926
Permanent - Significant	39	750,000	592,721	6,737,369
Permanent - Major	56	-	1,649,950	15,524,870
Grave	9	-	780,886	6,315,000
Death	83	470,125	2,167,705	12,667,924
Other/Unknown	77	23,378	746,935	6,345,476
<b>Total</b>	<b>483</b>	<b>\$ 1,375,013</b>	<b>\$ 8,280,213</b>	<b>\$ 59,623,361</b>



**Iowa Insurance Division  
 Medical Malpractice Open Claim Report  
 Average Benefits and Expenses  
 Calendar Year 2009 - By Substance of Claim**

<b>Severity</b>	<b>Number of Claims</b>	<b>Average Benefits Paid</b>	<b>Average Allocated Loss Adjustment Expenses Paid</b>	<b>Average Reserve for Incurred and Reported but not Disposed</b>
Emotional Only	29	\$ -	\$ 8,015	\$ 19,823
Temporary - Insignificant	29	2,297	5,658	19,228
Temporary - Minor	57	612	6,461	30,015
Temporary - Major	45	-	12,763	85,898
Permanent - Minor	59	508	16,999	90,236
Permanent - Significant	39	19,231	15,198	172,753
Permanent - Major	56	-	29,463	277,230
Grave	9	-	86,765	701,667
Death	83	5,664	26,117	152,626
Other/Unknown	77	304	9,700	82,409
<b>Total</b>	<b>483</b>	<b>\$ 2,847</b>	<b>\$ 17,143</b>	<b>\$ 123,444</b>





## **Closed and Open Claim Reports by Company**

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

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

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

### **Companies Grouped for Closed Claim Report**

ACE American Insurance Company  
Cincinnati Insurance Company, The  
COPIC Insurance Company  
Fireman's Fund Insurance Company  
Podiatry Insurance Company of America  
Preferred Professional Insurance Company  
Zurich American Insurance Company

### **Companies Grouped for Open Claim Report**

Church Mutual Insurance Company  
COPIC Insurance Company  
Darwin National Assurance Company  
Fireman's Fund Insurance Company  
ISMIE Mutual Insurance Company

**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Benefits and Expenses by Company  
Calendar Year 2009 - By Specialty**

<b>Company</b>	<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE + Attorney + All Other ALAE Paid</b>	<b>Additional Payments After 6 Months from Disposition</b>
<b>AMCO Insurance Company</b>					
	Healthcare Facility	6	\$ 453,312	\$ -	\$ -
<b>Medical Protective Company, The</b>					
	Dentistry	5	-	19,604	-
	All/Unknown	7	236,270	265,846	-
<b>C N A Insurance Companies</b>					
	Anesthesiology	6	-	56,249	-
	Dentistry	9	1,057,500	76,228	45
	All/Unknown	5	825,000	98,832	-
<b>Doctors Company, The</b>					
	All/Unknown	6	160,000	245,677	78,451
<b>ISMIE Mutual Insurance Company</b>					
	All/Unknown	5	-	93,180	-
<b>MHA Insurance Company</b>					
	Hospital	17	34,548	315	-
	All/Unknown	8	8,500	10,193	-
<b>Midwest Medical Insurance Company</b>					
	Anesthesiology	5	890,000	86,169	-
	Cardiology	10	-	549,753	-
	Family Practice	11	125,000	434,200	-
	Neurology	5	-	238,656	-
	Obstetrics/Gynecology	22	4,072,500	1,700,344	-
	Orthopedics	8	-	319,020	-
	Pediatrics	7	810,000	264,450	-
	Radiology	7	750,000	177,915	-
	Hospital	23	1,292,752	1,185,642	-
	Clinic/Corporation	13	1,248,500	227,965	-
	All/Unknown	27	843,000	827,042	-
<b>National Union Fire Insurance Company of Pittsburgh, P.A.</b>					
	All/Unknown	10	478,225	391,656	-
<b>NCMIC Insurance Company</b>					
	Chiropractic	6	190,526	157,498	-
<b>ProAssurance Wisconsin Insurance Company</b>					
	Emergency Medicine	16	2,380,000	1,107,937	324,476
	Family Practice	6	215,000	132,796	50,602
	General Surgery	6	853,000	187,780	74,441
	Obstetrics/Gynecology	14	1,095,000	526,379	159,004
	Orthopedics	5	769,700	296,386	152,468
	Hospital	52	12,323,064	1,490,495	274,744
	Clinic/Corporation	32	4,000,000	1,086,246	348,393
	Bariatric	5	-	750	-
	All/Unknown	18	1,858,598	617,972	143,284
<b>Grouped Companies</b>					
	All/Unknown	16	527,826	592,745	-
<b>Total</b>		<b>398</b>	<b>\$ 37,497,819</b>	<b>\$ 13,465,922</b>	<b>\$ 1,605,908</b>

**Iowa Insurance Division  
Medical Malpractice Open Claim Report  
Benefits and Expenses by Company  
Calendar Year 2009 - By Specialty**

<b>Company</b>	<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
<b>Ace American Insurance Company</b>					
	Orthopedics	6	\$ -	\$ 172,289	\$ 52,250
<b>AMCO Insurance Company</b>					
	Healthcare Facility	7	21,820	459	217,534
<b>Medical Protective Company, The</b>					
	Dentistry	6	-	2,829	40,000
	All/Unknown	7	-	32,479	33,000
<b>C N A Insurance Companies</b>					
	Dentistry	6	-	15,970	468,152
	All/Unknown	7	-	68,049	254,005
<b>Cincinnati Insurance Company</b>					
	All/Unknown	6	-	12,190	-
<b>Doctors Company, The</b>					
	All/Unknown	7	-	137,058	525,000
<b>MHA Insurance Company</b>					
	Emergency Medicine	6	5,000	23,329	215,000
	Hospital	21	23,667	6,672	137,500
	All/Unknown	12	-	48,773	550,000
<b>Midwest Medical Insurance Company</b>					
	Emergency Medicine	5	125	76,162	1,619,875
	Family Practice	9	-	151,782	435,000
	General Surgery	15	-	253,691	2,710,000
	Obstetrics/Gynecology	33	750,000	993,255	8,056,000
	Orthopedics	23	-	319,477	2,120,000
	Psychiatry	5	-	49,864	210,000
	Radiology	8	-	263,773	1,225,000
	Hospital	32	60,792	405,814	1,559,208
	Clinic/Corporation	32	-	466,480	3,817,500
	Bariatric	15	-	339,024	2,813,750
	All/Unknown	19	-	279,338	3,620,000
<b>National Union Fire Insurance Company of Pittsburgh, P.A.</b>					
	All/Unknown	7	155,000	199,516	170,164
<b>NCMIC Insurance Company</b>					
	Chiropractic	5	-	-	675,000
<b>Podiatry Insurance Company of America</b>					
	All/Unknown	5	-	106,037	239,996
<b>Preferred Professional Insurance Company</b>					
	All/Unknown	8	-	113,071	2,316,087
<b>ProAssurance Wisconsin Insurance Company</b>					
	Emergency Medicine	18	100,000	1,154,902	2,998,741
	Family Practice	6	-	300,455	1,535,545
	General Surgery	7	-	130,599	993,401
	Obstetrics/Gynecology	10	-	57,592	1,289,911
	Orthopedics	6	-	69,105	1,284,895
	Hospital	41	13,609	590,211	3,190,693
	Clinic/Corporation	37	-	559,538	4,470,974
	Bariatric	7	-	326,917	1,541,733
	All/Unknown	23	-	421,193	4,593,809
<b>Zurich American Insurance Company</b>					
	All/Unknown	5	30,000	97,536	504,479
<b>Grouped Companies</b>					
	All/Unknown	11	215,000	34,783	3,139,161
<b>Total</b>		<b>483</b>	<b>\$ 1,375,013</b>	<b>\$ 8,280,213</b>	<b>\$ 59,623,361</b>

**Iowa Insurance Division  
 Medical Malpractice Closed Claim Report  
 Benefits and Expenses by Company  
 Calendar Year 2009 - By Nature of Claim**

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
<b>AMCO Insurance Company</b>					
	All/Unknown	6	\$ 453,312	\$ -	-
<b>Medical Protective Company, The</b>					
	All/Unknown	12	236,270	285,449	-
<b>C N A Insurance Companies</b>					
	Treatment Related Cause	14	1,550,000	209,341	-
	All/Unknown	6	332,500	21,968	45
<b>Doctors Company, The</b>					
	All/Unknown	6	160,000	245,677	78,451
<b>ISMIE Mutual Insurance Company</b>					
	All/Unknown	5	-	93,180	-
<b>MHA Insurance Company</b>					
	Fracture/Fall	6	19,085	8,762	-
	All/Unknown	19	23,962	1,745	-
<b>Midwest Medical Insurance Company</b>					
	Failure to Diagnose/Monitor/Treat	28	2,205,000	1,083,093	-
	Delay in Diagnosis	18	2,441,000	339,787	-
	Inappropriate/Improper Surgical Procedure	6	-	243,661	-
	Treatment Related Cause	11	400,000	463,070	-
	Pregnancy or Birth Related Problems	8	2,600,000	1,384,591	-
	Fracture/Fall	5	21,252	214,962	-
	All/Unknown	62	2,364,500	2,281,993	-
<b>National Union Fire Insurance Company of Pittsburgh, P.A.</b>					
	All/Unknown	10	478,225	391,656	-
<b>NCMIC Insurance Company</b>					
	All/Unknown	6	190,526	157,498	-
<b>ProAssurance Wisconsin Insurance Company</b>					
	Failure to Diagnose/Monitor/Treat	24	1,825,000	704,920	278,339
	Delay in Diagnosis	33	11,845,975	2,208,086	427,730
	Incorrect Medication	9	30,000	66,682	19,344
	Lack of Supervision or Control	11	2,025,000	154,613	26,021
	Inappropriate/Improper Surgical Procedure	8	3,104,655	921,024	380,340
	Treatment Related Cause	15	1,993,000	262,899	63,098
	Wrong Diagnosis	7	-	437,605	138,351
	All/Unknown	47	2,670,732	690,913	194,190
<b>Grouped Companies</b>					
	Treatment Related Cause	5	902	217,942	-
	All/Unknown	11	526,924	374,803	-
<b>Total</b>		<b>398</b>	<b>\$ 37,497,819</b>	<b>\$ 13,465,922</b>	<b>\$ 1,605,908</b>

**Iowa Insurance Division  
 Medical Malpractice Open Claim Report  
 Benefits and Expenses by Company  
 Calendar Year 2009 - By Nature of Claim**

<b>Company</b>	<b>Alleged Cause of Loss</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
<b>Ace American Insurance Company</b>	All/Unknown	6	\$ -	\$ 172,289	\$ 52,250
<b>AMCO Insurance Company</b>	All/Unknown	7	21,820	459	217,534
<b>Medical Protective Company, The</b>	Treatment Related Cause	8	-	18,261	67,000
	All/Unknown	5	-	17,046	6,000
<b>C N A Insurance Companies</b>	All/Unknown	13	-	84,019	722,157
<b>Cincinnati Insurance Company</b>	All/Unknown	6	-	12,190	-
<b>Doctors Company, The</b>	All/Unknown	7	-	137,058	525,000
<b>MHA Insurance Company</b>	Failure to Diagnose/Monitor/Treat	8	5,000	58,879	440,000
	Fracture/Fall	10	8,614	5,585	110,000
	All/Unknown	21	15,053	14,309	352,500
<b>Midwest Medical Insurance Company</b>	Failure to Diagnose/Monitor/Treat	23	125	455,627	3,792,375
	Delay in Diagnosis	11	-	108,956	810,000
	Inappropriate/Improper Surgical Procedure	23	-	272,496	4,231,000
	Treatment Related Cause	7	-	77,191	1,160,000
	Pregnancy or Birth Related Problems	21	810,792	1,045,328	6,984,208
	Fracture/Fall	7	-	80,582	600,000
	All/Unknown	104	-	1,558,481	10,608,750
<b>National Union Fire Insurance Company of Pittsburgh, P.A.</b>	All/Unknown	7	155,000	199,516	170,164
<b>NCMIC Insurance Company</b>	All/Unknown	5	-	-	675,000
<b>Podiatry Insurance Company of America</b>	Inappropriate/Improper Surgical Procedure	5	-	106,037	239,996
<b>Preferred Professional Insurance Company</b>	All/Unknown	8	-	113,071	2,316,087
<b>ProAssurance Wisconsin Insurance Company</b>	Failure to Diagnose/Monitor/Treat	25	100,000	849,602	5,263,926
	Delay in Diagnosis	14	-	364,032	2,649,968
	Lack of Supervision or Control	9	-	159,161	533,839
	Wrong Diagnosis	5	-	178,025	1,091,975
	All/Unknown	102	13,609	2,059,694	12,359,992
<b>Zurich American Insurance Company</b>	All/Unknown	5	30,000	97,536	504,479
<b>Grouped Companies</b>	All/Unknown	11	215,000	34,783	3,139,161
<b>Total</b>		<b>483</b>	<b>\$ 1,375,013</b>	<b>\$ 8,280,213</b>	<b>\$ 59,623,361</b>

**Iowa Insurance Division  
 Medical Malpractice Closed Claim Report  
 Benefits and Expenses by Company  
 Calendar Year 2009 - By Substance of Claim**

<b>Company</b>	<b>Severity</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE + Attorney + All Other ALAE Paid</b>	<b>Additional Payments After 6 Months from Disposition</b>
<b>AMCO Insurance Company</b>					
	All/Unknown	6	\$ 453,312	\$ -	\$ -
<b>Medical Protective Company, The</b>					
	All/Unknown	12	236,270	285,449	-
<b>C N A Insurance Companies</b>					
	Temporary - Insignificant	6	90,000	41,400	-
	All/Unknown	14	1,792,500	189,909	45
<b>Doctors Company, The</b>					
	All/Unknown	6	160,000	245,677	78,451
<b>ISMIE Mutual Insurance Company</b>					
	All/Unknown	5	-	93,180	-
<b>MHA Insurance Company</b>					
	Temporary - Insignificant	6	5,125	-	-
	Temporary - Minor	9	28,476	1,116	-
	Temporary - Major	5	-	8,762	-
	All/Unknown	5	9,447	629	-
<b>Midwest Medical Insurance Company</b>					
	Emotional Only	6	22,500	67,165	-
	Temporary - Insignificant	9	175,000	316,637	-
	Temporary - Minor	12	39,252	410,483	-
	Temporary - Major	7	394,000	114,740	-
	Permanent - Minor	19	531,000	450,855	-
	Permanent - Significant	21	535,000	907,108	-
	Permanent - Major	30	5,790,000	2,000,895	-
	Grave	6	1,025,000	266,335	-
	Death	28	1,520,000	1,476,940	-
<b>National Union Fire Insurance Company of Pittsburgh, P.A.</b>					
	All/Unknown	10	478,225	391,656	-
<b>NCMIC Insurance Company</b>					
	All/Unknown	6	190,526	157,498	-
<b>ProAssurance Wisconsin Insurance Company</b>					
	Temporary - Insignificant	14	13,500	29,384	16,791
	Temporary - Minor	19	-	131,641	29,629
	Temporary - Major	19	1,179,955	550,286	236,836
	Permanent - Minor	10	215,000	426,969	84,169
	Permanent - Major	28	18,637,273	2,164,721	425,812
	Death	28	1,885,000	1,517,299	458,670
	All/Unknown	36	1,563,634	626,444	275,505
<b>Grouped Companies</b>					
	Permanent - Minor	5	240,000	283,594	-
	All/Unknown	11	287,826	309,152	-
<b>Total</b>		<b>398</b>	<b>\$ 37,497,819</b>	<b>\$ 13,465,922</b>	<b>\$ 1,605,908</b>

**Iowa Insurance Division  
Medical Malpractice Open Claim Report  
Benefits and Expenses by Company  
Calendar Year 2009 - By Substance of Claim**

<b>Company</b>	<b>Severity</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
<b>Ace American Insurance Company</b>	All/Unknown	6	\$ -	\$ 172,289	\$ 52,250
<b>AMCO Insurance Company</b>	All/Unknown	7	21,820	459	217,534
<b>Medical Protective Company, The</b>	Temporary - Minor	8	-	18,261	67,000
	All/Unknown	5	-	17,046	6,000
<b>C N A Insurance Companies</b>	All/Unknown	13	-	84,019	722,157
<b>Cincinnati Insurance Company</b>	All/Unknown	6	-	12,190	-
<b>Doctors Company, The</b>	All/Unknown	7	-	137,058	525,000
<b>MHA Insurance Company</b>	Temporary - Insignificant	8	5,834	1,087	52,500
	Temporary - Minor	12	22,833	2,311	5,000
	Temporary - Major	9	-	12,591	215,000
	All/Unknown	10	-	62,784	630,000
<b>Midwest Medical Insurance Company</b>	Emotional Only	18	-	114,259	280,000
	Temporary - Insignificant	6	60,792	4,242	109,208
	Temporary - Minor	16	-	29,756	231,250
	Temporary - Major	14	-	133,668	1,180,000
	Permanent - Minor	25	-	566,556	1,745,000
	Permanent - Significant	27	750,000	298,758	4,171,000
	Permanent - Major	39	-	1,081,239	9,080,000
	Grave	7	-	771,720	4,265,000
	Death	44	125	598,463	7,124,875
<b>National Union Fire Insurance Company of Pittsburgh, P.A.</b>	All/Unknown	7	155,000	199,516	170,164
<b>NCMIC Insurance Company</b>	All/Unknown	5	-	-	675,000
<b>Podiatry Insurance Company of America</b>	All/Unknown	5	-	106,037	239,996
<b>Preferred Professional Insurance Company</b>	All/Unknown	8	-	113,071	2,316,087
<b>ProAssurance Wisconsin Insurance Company</b>	Emotional Only	5	-	51,783	219,867
	Temporary - Insignificant	6	-	138,148	252,852
	Temporary - Minor	11	-	214,992	1,139,633
	Temporary - Major	9	-	311,218	1,638,782
	Permanent - Minor	8	-	177,981	1,240,019
	Permanent - Significant	6	-	258,033	2,021,967
	Permanent - Major	13	-	463,117	5,317,384
	Death	21	100,000	1,248,306	3,773,721
	All/Unknown	76	13,609	746,935	6,295,476
<b>Zurich American Insurance Company</b>	Permanent - Minor	5	30,000	97,536	504,479
<b>Grouped Companies</b>	All/Unknown	11	215,000	34,783	3,139,161
<b>Total</b>		<b>483</b>	<b>\$ 1,375,013</b>	<b>\$ 8,280,213</b>	<b>\$ 59,623,361</b>



CHESTER J. CULVER  
GOVERNOR

SUSAN E. VOSS  
COMMISSIONER OF INSURANCE

PATTY JUDGE  
LT. GOVERNOR

**DATE:** March 12, 2010  
**FROM:** Iowa Insurance Division  
**TO:** All Admitted Insurance Companies Writing Medical Malpractice Insurance in Iowa

## **ANNUAL REPORT**

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**LINE(S) OF BUSINESS:** Medical Malpractice 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, 2009 through December 31, 2009.

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

**DUE DATE:** June 1, 2010

**IID CONTACT PERSON:** Karen Armstrong [karen.armstrong@iid.iowa.gov](mailto:karen.armstrong@iid.iowa.gov)

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### **GENERAL INSTRUCTIONS**

The following pages provide detailed directions for completing the report. The report must be submitted in the format provided. Record layout and formatting instructions will be found on subsequent pages. The report should consist of two EXCEL spreadsheets, one for closed claims and one for open claims, and the contact information sheet. The report should be submitted via e-mail to Karen Armstrong at [medmal@iid.iowa.gov](mailto:medmal@iid.iowa.gov) by June 1, 2010.

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# **MEDICAL MALPRACTICE INSURANCE CLOSED AND OPEN CLAIM REPORT REPORT INSTRUCTIONS/SPECIFICATIONS**

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1. Please provide data for all medical malpractice insurance claims and lawsuits closed or disposed of on or after January 1, 2009 through December 31, 2009. Also provide data for all medical malpractice insurance claims and lawsuits open as of December 31, 2009.
  2. A claim for the purpose of this report is a formal or written demand 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.
  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, 2009, report this only within the open claims report.
  9. If a claim was reopened and then closed within the period from January 1, 2009 through December 31, 2009, 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 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 Karen Armstrong at [medmal@iid.iowa.gov](mailto: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, 2010.
9. If you have any questions, feel free to e-mail or call either Karen Armstrong at [karen.armstrong@iid.iowa.gov](mailto:karen.armstrong@iid.iowa.gov), 515-281-4450 or Ramona Lee at [ramona.lee@iid.iowa.gov](mailto: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 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.

**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 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 apart of the list above, data was not captured or maintained)

**MEDICAL MALPRACTICE INSURANCE  
CLOSED AND OPEN CLAIM REPORT  
CONTACT INFORMATION**

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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 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, 2009.

Person Responsible for Data Call: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

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**We thank you for your prompt attention to this matter!**

*The Iowa Insurance Division*

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**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"/> Other/Unknown: _____
<input type="checkbox"/> 10 Instrument/Sponge Left after Surgery	

**(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, misset 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

**Claim Disposition**

**(col. P)**

16. Final Method of Claim Disposition:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1 Settled              | <input type="checkbox"/> 2 Disposed of by a Court | <input type="checkbox"/> 3 Arbitration |
| <input type="checkbox"/> 4 Denied               | <input type="checkbox"/> 5 Closed Without Payment | <input type="checkbox"/> 6 Notice Only |
| <input type="checkbox"/> Other (specify): _____ |   |  |

**Claim Payments**

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

**(col. Q)**

17. Total Losses (Indemnity Benefits) Paid: \$ \_\_\_\_\_

*Report lines a-c only if the data is captured.*

**(col. R)**

a Total Compensatory Payments (if declared): \$ \_\_\_\_\_

**(col. S)**

b Punitive Damages (if declared): \_\_\_\_\_

**(col. T)**

c Plaintiff Attorney Fees (if declared): \_\_\_\_\_

**(col. U)**

18. Total Allocated Loss Adjustment Expenses Paid: \$ \_\_\_\_\_

(Direct Defense and Cost Containment Expenses)

**(col. V)**

a Loss Adjustment Expense paid to defense counsel: \$ \_\_\_\_\_

**(col. W)**

b All other Allocated Loss Adjustment Expenses Paid: \_\_\_\_\_

**(col. X)**

19. Additional payments made within six (6) months after disposition: \$ \_\_\_\_\_

**Medical Malpractice Insurance Open Claim Report**

**Policy**

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

**Defendant**

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

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

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

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

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

**Claim**

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

**Injured Person**

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

**Alleged Injury**

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

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



**(col. N)**

14. Severity of Injury:

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

**(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.*

\_\_\_\_\_