

**Iowa**  
**Medical Malpractice Annual Report**  
**For Calendar Year 2011**

December 2012  
Iowa Insurance Division

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## Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2011 from licensed insurance companies pursuant to Iowa Code Section 505.27. Licensed companies that wrote medical malpractice insurance in Iowa during the period from January 1, 2011, through December 31, 2011, were asked to provide specific data for claims closed during that period and separately those remaining open at the end of the year.

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

The report provides a snapshot of Iowa's medical malpractice insurance market. Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$83,000. The average incurred losses and allocated loss adjustment expenses for all open claims were about \$134,000.

Of the specialty providers listed, Hospitals had the highest number of closed claims reported, and the Clinic/Corporation category had the highest number of open claims reported. Obstetrics/Gynecology had the highest average benefits and allocated loss adjustment expenses paid for closed claims and the highest average incurred losses and allocated loss adjustment expenses for open claims. Family Practice followed closely with the second highest average incurred losses and allocated loss adjustment expenses for open claims.

The highest number of closed claims came from the alleged cause of loss category, Inappropriate/Improper Surgical Procedure. For open claims, Failure to Diagnose/Monitor/Treat produced more claims than any other listed alleged cause of loss. For categories with at least 20 claims, the costliest claims, both open and closed, were from the Pregnancy or Birth Related Problems category.

When separated by severity of injury types, for closed claims, most were categorized as Temporary – Minor claims, with the costliest claims on average being for those in the Permanent – Major category. For open claims, most were Death and Temporary – Minor claims, with the costliest being the Grave claims.

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

The Division recommends that the Medical Malpractice Annual Report as required per Iowa Code section 505.27 (2) be discontinued. The discontinuance could be structured by amending the existing law to allow for the report to be created at the request of the governor, legislature, or commissioner rather than generating and publishing the report each year. Should compilation of the medical malpractice claim data become critical in the future, the report could be produced immediately. The value of the existing report is not dependent on annual publication.

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

Statutory language requires carriers to report the total amounts paid within six months after final disposition of the claims. In the five years of collecting this information only a few companies have data to report and it provides no information about the overall market. Therefore, whether or not the other recommendations are adopted, the Division recommends elimination of the requirement to report the total amounts paid within six months after final disposition of the claims.

## Introduction

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2011.

Licensed insurers that wrote medical malpractice insurance in Iowa during 2011 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*.

A *claim* was defined as 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.

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; and for each policy if filed under more than one policy. Reopened claims were to be reported considering only their final disposition date.

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

## Companies

Licensed insurers that wrote medical malpractice insurance in Iowa during 2011 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 71.6% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2011 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 2011. They comprise 68.3% of the 2011 medical malpractice market in Iowa. The market shares were determined by dividing the company’s written premium for the year by the total written premium for all companies in that year.

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

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

<b>Company Name</b>	<b>Calendar Year 2007</b>	<b>Calendar Year 2008</b>	<b>Calendar Year 2009</b>	<b>Calendar Year 2010</b>	<b>Calendar Year 2011</b>
MMIC Insurance, Inc.	33.8%	39.0%	36.0%	36.2%	37.3%
ProAssurance Insurance Companies	13.3%	12.5%	14.5%	10.6%	10.3%
NCMIC Insurance Company	1.6%	1.9%	2.8%	3.2%	3.8%
C N A Insurance Companies	2.4%	3.0%	2.7%	2.6%	2.9%
Preferred Professional Insurance Company	2.2%	2.6%	2.4%	2.5%	2.7%
Medical Protective Company, The	2.2%	2.7%	2.4%	2.7%	2.6%
MHA Insurance Company	1.9%	2.3%	2.4%	2.5%	2.0%
AMCO Insurance Company	2.8%	3.2%	2.8%	2.5%	1.5%
Podiatry Insurance Company of America	1.0%	1.1%	1.1%	1.1%	1.2%
Cincinnati Insurance Company, The	1.0%	1.0%	0.8%	0.8%	0.7%
National Union Fire Insurance Company of Pittsburgh, PA	0.4%	0.6%	0.5%	0.8%	0.7%
ISMIE Mutual Insurance Company	1.2%	1.2%	1.1%	0.6%	0.7%
Doctors Company, The	0.4%	0.6%	0.5%	0.6%	0.6%
COPIE Insurance Company	0.4%	0.5%	0.5%	0.4%	0.5%
Ace American Insurance Company	0.4%	0.4%	0.4%	0.4%	0.5%
Zurich American Insurance Company	0.0%	0.1%	0.2%	0.2%	0.2%
Church Mutual Insurance Company	0.1%	0.2%	0.2%	0.3%	0.1%
Fireman's Fund Insurance Company	0.5%	0.5%	0.4%	0.2%	0.0%
<b>Total Market Share for Companies with Reported Claims for 2011</b>	<b>65.5%</b>	<b>73.4%</b>	<b>71.6%</b>	<b>68.2%</b>	<b>68.3%</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.

Of all claims reported, eleven closed claims had total loss and allocated loss adjustment expenses of at least \$500,000 and twenty-seven open claims had incurred amounts of \$500,000 or more. A total of eleven claims were either closed with \$1,000,000 or more paid or remain open with incurred amounts of at least \$1,000,000.



## 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 2011 and earlier which either were closed in 2011 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**

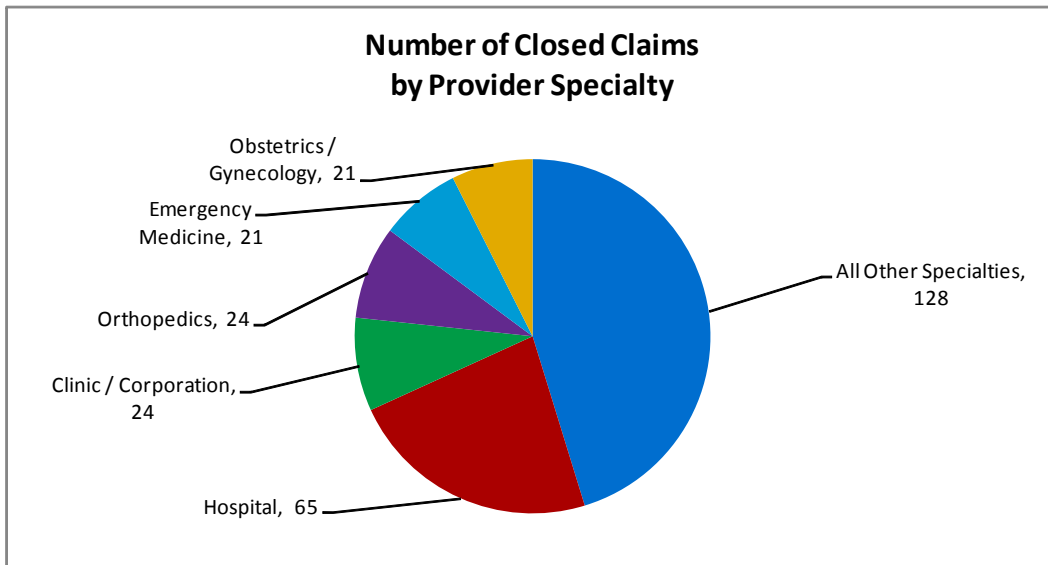
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual 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 \$83,000. The average incurred losses and allocated loss adjustment expenses for all open claims were about \$134,000. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2011, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2011, 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 had the highest number of closed claims reported, and the Clinic/Corporation category had the highest number of open claims reported. Of closed claims provider specialty categories with 20 or more claims, Obstetrics/Gynecology had the highest average benefits and allocated loss adjustment expenses paid, followed by Orthopedics. Of open claims categories with 20 or more claims, Obstetrics/Gynecology had the highest average incurred losses and allocated loss adjustment expenses followed by Family Practice.

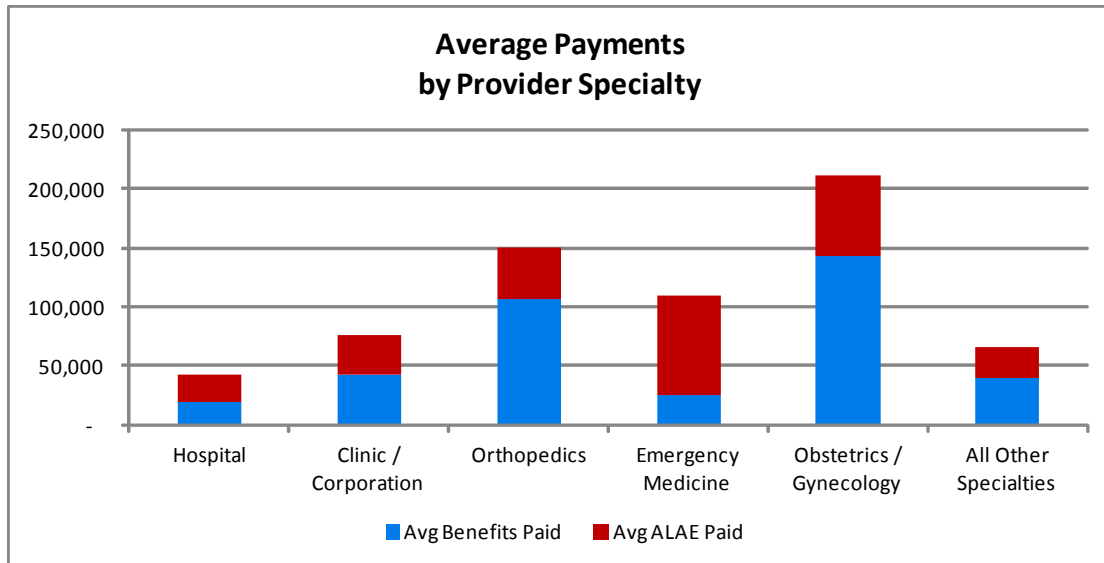
**Iowa Insurance Division  
Closed Claims  
Total Benefits and Expenses  
Calendar Year 2011 - By Specialty**

<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	65	\$ 1,208,128	\$ 1,567,967	\$ 163,752
Clinic/Corporation	24	1,019,415	803,622	189,496
Orthopedics	24	2,570,000	1,017,829	1,845
Emergency Medicine	21	515,000	1,775,649	162,838
Obstetrics/Gynecology	21	3,000,000	1,444,778	49,783
Dentistry	18	949,385	103,558	3,119
General Surgery	11	545,000	508,830	12,376
Family Practice	10	750,950	243,797	-
Internal Medicine	10	477,500	112,549	5,766
Anesthesiology	9	10,839	258,224	-
Radiology	9	165,000	333,231	-
Chiropractic	7	135,000	333,795	4,058
Psychiatry	7	427	71,193	5,473
Neurology	5	50,000	379,465	76,382
Other/Unknown	42	1,908,684	1,128,070	258,940
<b>Total</b>	<b>283</b>	<b>\$ 13,305,327</b>	<b>\$ 10,082,557</b>	<b>\$ 933,828</b>



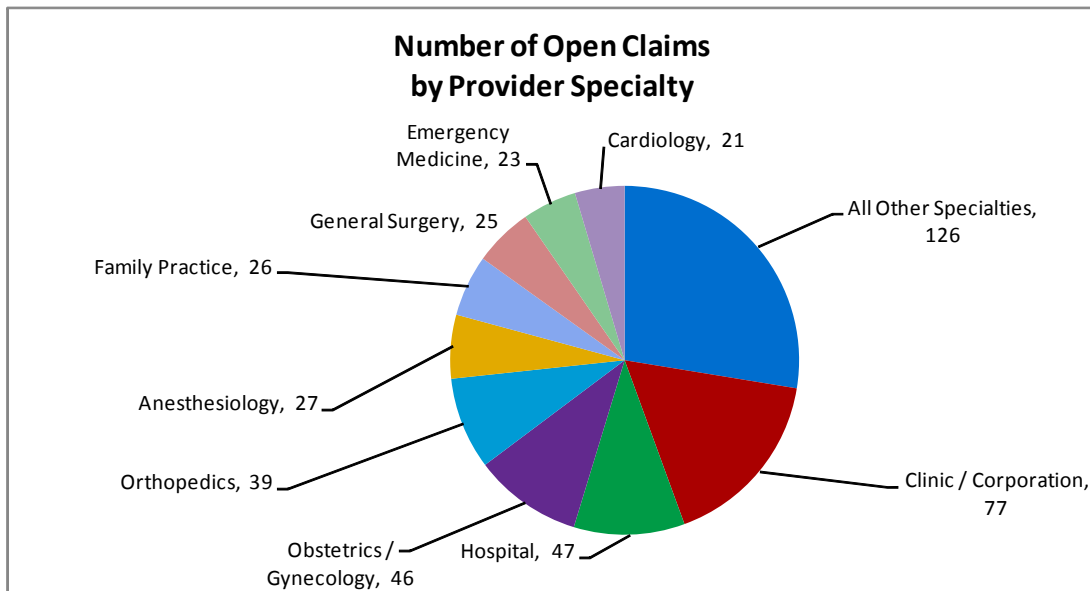
**Iowa Insurance Division  
Closed Claims  
Average Benefits and Expenses  
Calendar Year 2011 - By Specialty**

<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	65	\$ 18,587	\$ 24,123	\$ 2,519
Clinic/Corporation	24	42,476	33,484	7,896
Orthopedics	24	107,083	42,410	77
Emergency Medicine	21	24,524	84,555	7,754
Obstetrics/Gynecology	21	142,857	68,799	2,371
Dentistry	18	52,744	5,753	173
General Surgery	11	49,545	46,257	1,125
Family Practice	10	75,095	24,380	-
Internal Medicine	10	47,750	11,255	577
Anesthesiology	9	1,204	28,692	-
Radiology	9	18,333	37,026	-
Chiropractic	7	19,286	47,685	580
Psychiatry	7	61	10,170	782
Neurology	5	10,000	75,893	15,276
Other/Unknown	42	45,445	26,859	6,165
<b>Total</b>	<b>283</b>	<b>\$ 47,015</b>	<b>\$ 35,627</b>	<b>\$ 3,300</b>



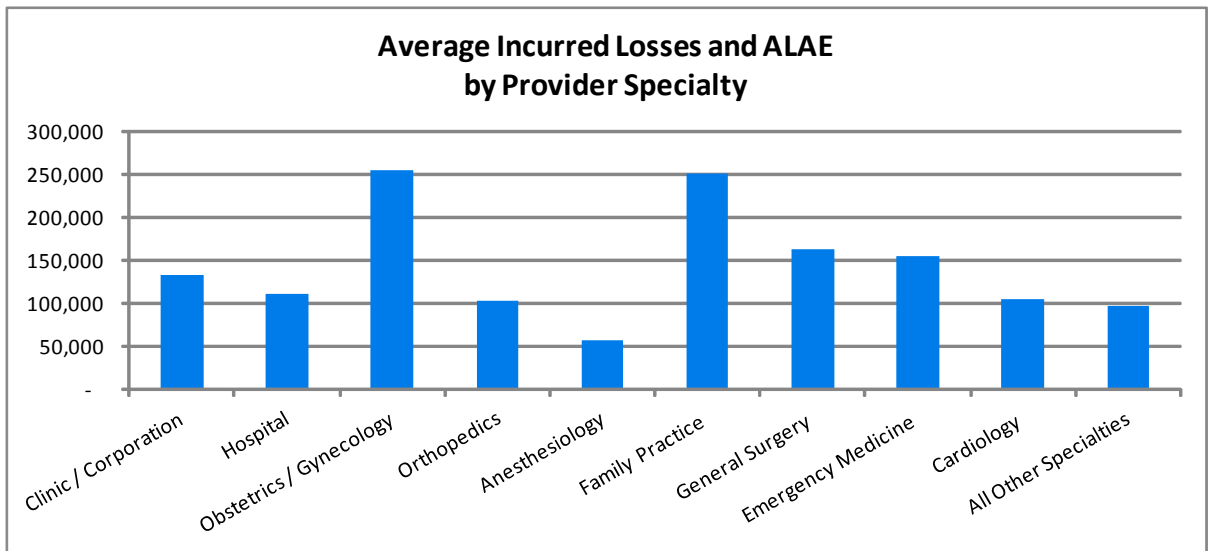
**Iowa Insurance Division  
Open Claims  
Total Benefits and Expenses  
Calendar Year 2011 - By Specialty**

<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>
Clinic/Corporation	77	\$ -	\$ 1,799,650	\$ 8,452,584
Hospital	47	65	1,023,899	4,136,634
Obstetrics/Gynecology	46	-	1,389,066	10,362,621
Orthopedics	39	-	449,727	3,504,993
Anesthesiology	27	-	306,041	1,220,691
Family Practice	26	150,000	1,147,645	5,228,211
General Surgery	25	8,000	460,336	3,616,494
Emergency Medicine	23	1,315,000	560,098	1,697,849
Cardiology	21	-	449,230	1,755,041
Dentistry	19	17,500	234,604	290,096
Healthcare Facility	11	324,916	23,788	245,199
Plastic Surgery	10	-	154,293	384,000
Radiology	9	-	104,565	1,331,336
Internal Medicine	9	-	135,809	806,815
Ophthalmology	7	-	82,964	342,000
Chiropractic	6	-	199,120	485,000
Neurology	5	-	108,315	985,000
Pathology	5	-	61,271	459,650
Other/Unknown	45	156,700	678,561	4,422,465
<b>Total</b>	<b>457</b>	<b>\$ 1,972,181</b>	<b>\$ 9,368,982</b>	<b>\$ 49,726,679</b>



**Iowa Insurance Division  
Open Claims  
Average Benefits and Expenses  
Calendar Year 2011 - 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>
Clinic/Corporation	77	\$ -	\$ 23,372	\$ 109,774
Hospital	47	1	21,785	88,013
Obstetrics/Gynecology	46	-	30,197	225,274
Orthopedics	39	-	11,531	89,872
Anesthesiology	27	-	11,335	45,211
Family Practice	26	5,769	44,140	201,085
General Surgery	25	320	18,413	144,660
Emergency Medicine	23	57,174	24,352	73,820
Cardiology	21	-	21,392	83,573
Dentistry	19	921	12,348	15,268
Healthcare Facility	11	29,538	2,163	22,291
Plastic Surgery	10	-	15,429	38,400
Radiology	9	-	11,618	147,926
Internal Medicine	9	-	15,090	89,646
Ophthalmology	7	-	11,852	48,857
Chiropractic	6	-	33,187	80,833
Neurology	5	-	21,663	197,000
Pathology	5	-	12,254	91,930
Other/Unknown	45	3,482	15,079	98,277
<b>Total</b>	<b>457</b>	<b>\$ 4,315</b>	<b>\$ 20,501</b>	<b>\$ 108,811</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.

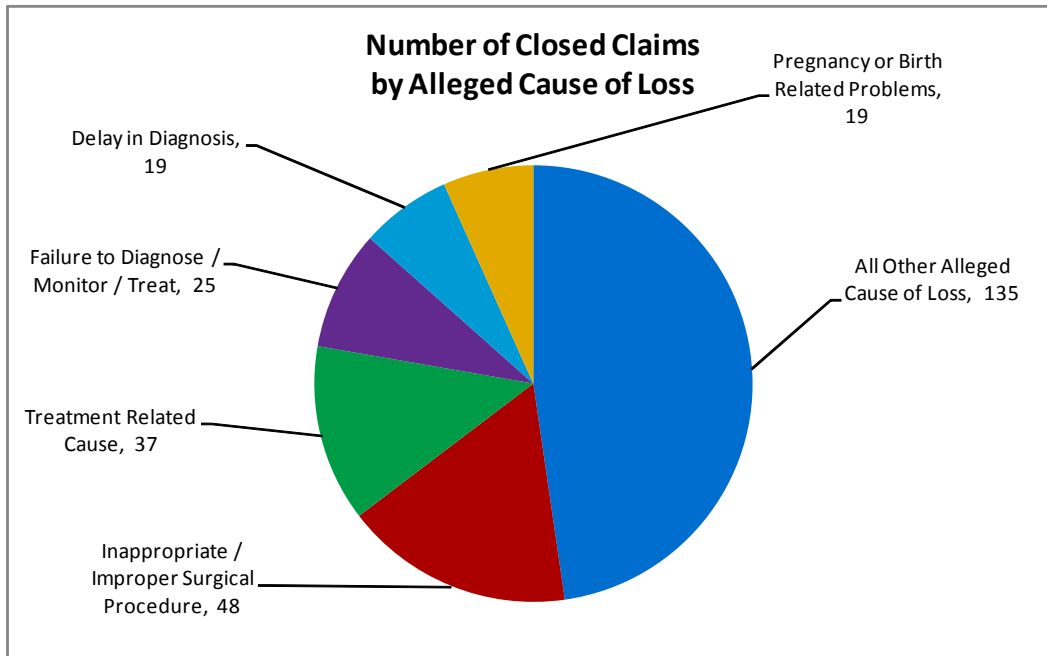
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

For closed claims Inappropriate/Improper Surgical Procedure produced the most claims while Pregnancy or Birth Related Problems had the costliest claims on average, at about \$320,000 on average.

The most open claims were 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, at almost \$330,000.

**Iowa Insurance Division  
Closed Claims  
Total Benefits and Expenses  
Calendar Year 2011 - By Nature of Claim**

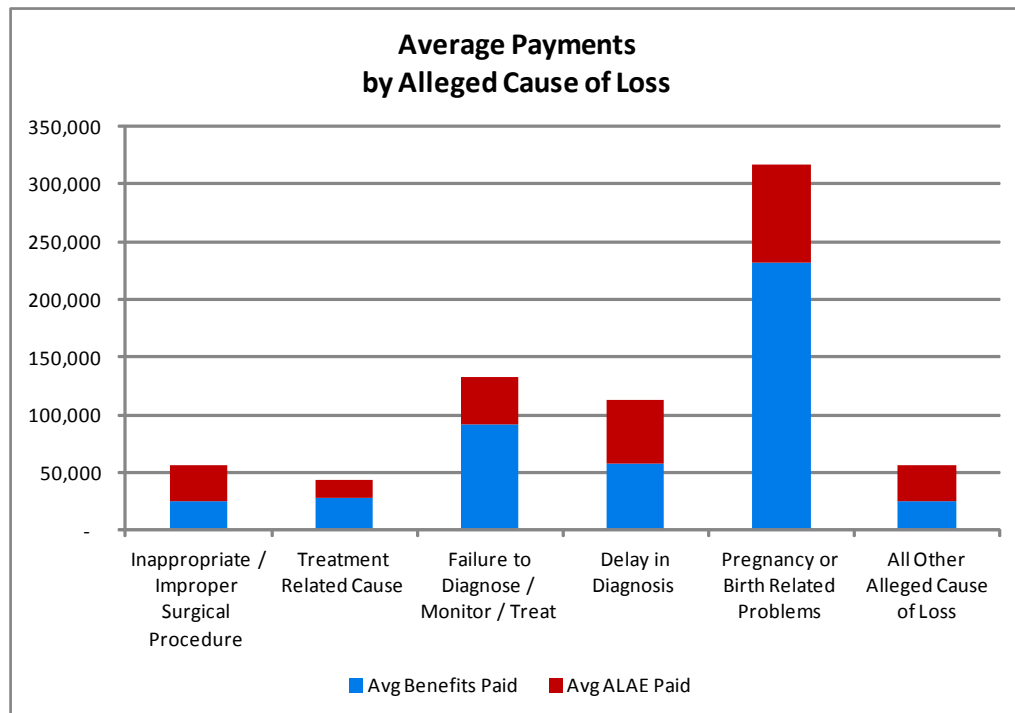
<b>Alleged Cause of Loss</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Additional Payments After 6 Months from Disposition</b>
Inappropriate/Improper Surgical Procedure	48	\$ 1,167,500	\$ 1,547,273	\$ 278,379
Treatment Related Cause	37	1,050,224	566,724	5,816
Failure to Diagnose/Monitor/Treat	25	2,295,750	1,023,032	217,075
Delay in Diagnosis	19	1,093,750	1,051,107	190,320
Pregnancy or Birth Related Problems	19	4,397,500	1,617,013	101,289
Fracture/Fall	16	406,618	126,887	-
Incorrect Medication	9	167,950	13,970	-
Lack of Supervision or Control	6	18,000	83,872	19,621
Instrument/Sponge Left after Surgery	5	92,500	202,140	31,463
Unnecessary Surgical Procedure	5	256,331	44,470	11,751
Other/Unknown	94	2,359,204	3,806,069	78,115
<b>Total</b>	<b>283</b>	<b>\$ 13,305,327</b>	<b>\$ 10,082,557</b>	<b>\$ 933,828</b>





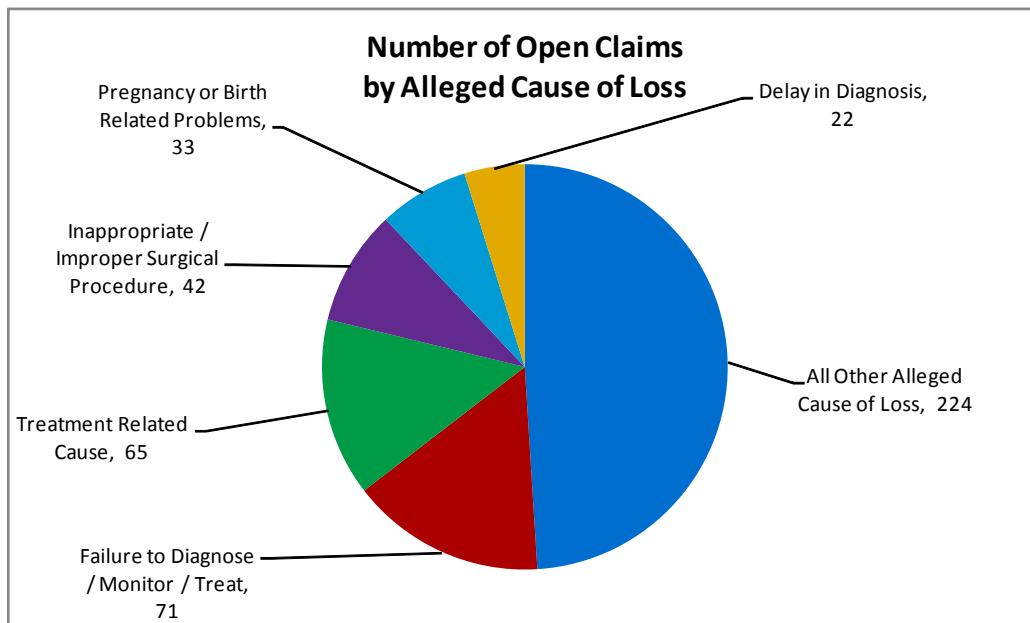
## Iowa Insurance Division Closed Claims Average Benefits and Expenses Calendar Year 2011 - By Nature of Claim

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Inappropriate/Improper Surgical Procedure	48	\$ 24,323	\$ 32,235	\$ 5,800
Treatment Related Cause	37	28,384	15,317	157
Failure to Diagnose/Monitor/Treat	25	91,830	40,921	8,683
Delay in Diagnosis	19	57,566	55,321	10,017
Pregnancy or Birth Related Problems	19	231,447	85,106	5,331
Fracture/Fall	16	25,414	7,930	-
Incorrect Medication	9	18,661	1,552	-
Lack of Supervision or Control	6	3,000	13,979	3,270
Instrument/Sponge Left after Surgery	5	18,500	40,428	6,293
Unnecessary Surgical Procedure	5	51,266	8,894	2,350
Other/Unknown	94	25,098	40,490	831
<b>Total</b>	<b>283</b>	<b>\$ 47,015</b>	<b>\$ 35,627</b>	<b>\$ 3,300</b>



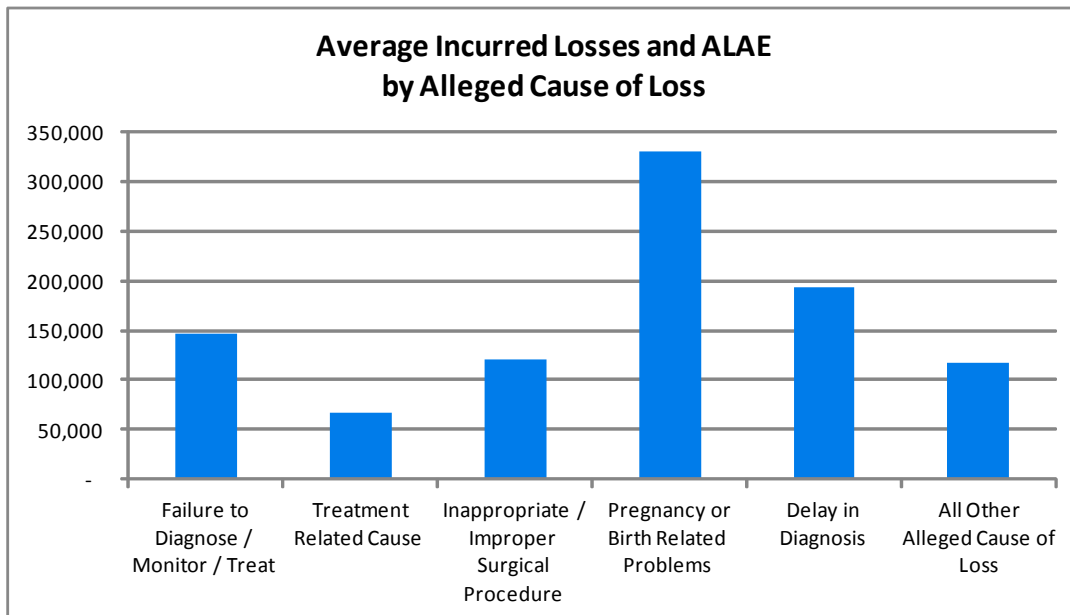
**Iowa Insurance Division  
Open Claims  
Total Benefits and Expenses  
Calendar Year 2011 - By Nature of Claim**

<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	71	\$ 400,427	\$ 1,341,770	\$ 8,689,830
Treatment Related Cause	65	17,500	775,203	3,593,919
Inappropriate/Improper Surgical Procedure	42	660,000	726,536	3,658,036
Pregnancy or Birth Related Problems	33	-	1,530,265	9,336,321
Delay in Diagnosis	22	-	359,778	3,884,978
Fracture/Fall	13	-	293,754	958,531
Instrument/Sponge Left after Surgery	12	272,546	56,912	558,456
Lack of Monitoring Medication	8	-	222,542	454,311
Wrong Diagnosis	7	178,333	-	245,199
Other/Unknown	184	443,375	4,062,222	18,347,098
<b>Total</b>	<b>457</b>	<b>\$ 1,972,181</b>	<b>\$ 9,368,982</b>	<b>\$ 49,726,679</b>



**Iowa Insurance Division  
Open Claims  
Average Benefits and Expenses  
Calendar Year 2011 - 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 Reserve for Incurred and Reported but not Disposed</b>
Failure to Diagnose/Monitor/Treat	71	\$ 5,640	\$ 18,898	\$ 122,392
Treatment Related Cause	65	269	11,926	55,291
Inappropriate/Improper Surgical Procedure	42	15,714	17,298	87,096
Pregnancy or Birth Related Problems	33	-	46,372	282,919
Delay in Diagnosis	22	-	16,354	176,590
Fracture/Fall	13	-	22,596	73,733
Instrument/Sponge Left after Surgery	12	22,712	4,743	46,538
Lack of Monitoring Medication	8	-	27,818	56,789
Wrong Diagnosis	7	25,476	-	35,028
Other/Unknown	184	2,410	22,077	99,712
<b>Total</b>	<b>457</b>	<b>\$ 4,315</b>	<b>\$ 20,501</b>	<b>\$ 108,811</b>



## Aggregate Claim Reports by Substance of Claim

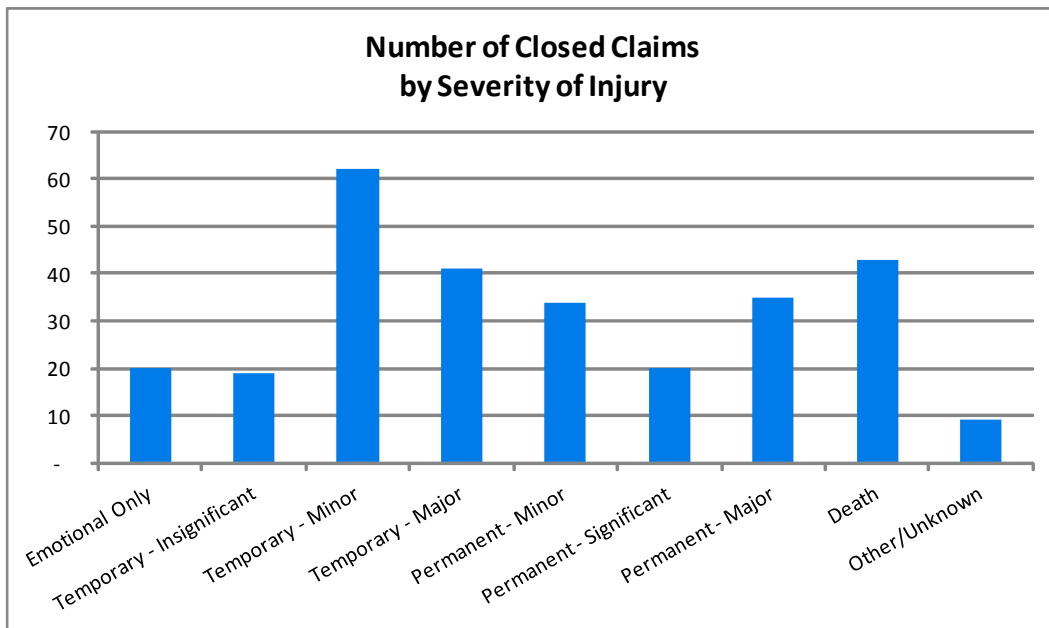
Companies were asked to classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary - Minor (e.g. infections, 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)

For closed claims, most were categorized as Temporary - Minor claims. The costliest claims, other than for the Other/Unknown category which includes only 9 claims, were those in the Permanent – Major category. For open claims, most were Death and Temporary - Minor claims, with the highest average incurred losses and allocated loss adjustment expenses again being for Grave claims. Average paid losses and expenses for closed claims by category ranged from about \$27,000 to more than \$250,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$25,000 to almost \$435,000.

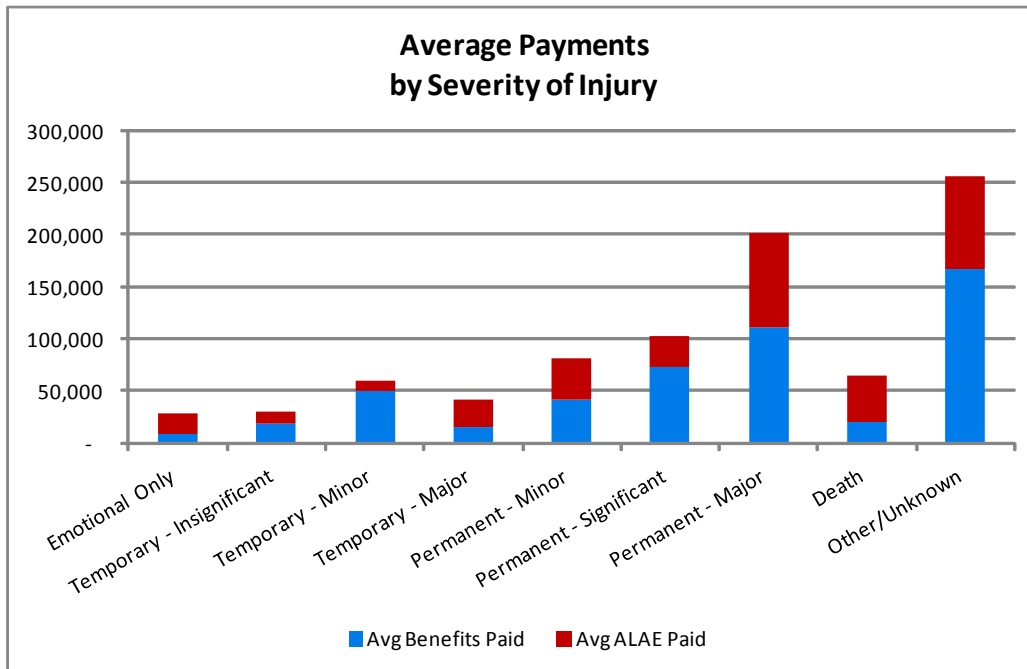
**Iowa Insurance Division  
Closed Claims  
Total Benefits and Expenses  
Calendar Year 2011 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	20	\$ 152,119	\$ 397,156	\$ 29,705
Temporary - Insignificant	19	350,924	213,698	4,720
Temporary - Minor	62	3,104,705	617,521	54,719
Temporary - Major	41	611,800	1,061,110	216,229
Permanent - Minor	34	1,392,000	1,343,604	204,902
Permanent - Significant	20	1,440,000	613,631	77,309
Permanent - Major	35	3,900,000	3,135,686	97,216
Death	43	848,439	1,896,925	246,011
Other/Unknown	9	1,505,340	803,226	3,018
<b>Total</b>	<b>283</b>	<b>\$ 13,305,327</b>	<b>\$ 10,082,557</b>	<b>\$ 933,828</b>



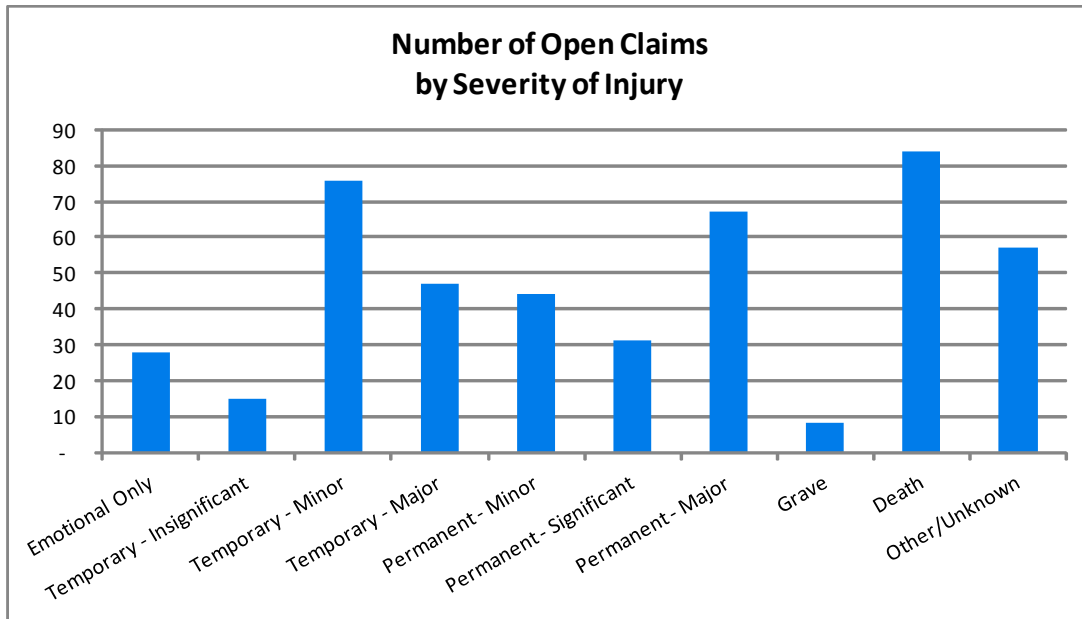
**Iowa Insurance Division  
Closed Claims  
Average Benefits and Expenses  
Calendar Year 2011 - By Severity of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	20	\$ 7,606	\$ 19,858	\$ 1,485
Temporary - Insignificant	19	18,470	11,247	248
Temporary - Minor	62	50,076	9,960	883
Temporary - Major	41	14,922	25,881	5,274
Permanent - Minor	34	40,941	39,518	6,027
Permanent - Significant	20	72,000	30,682	3,865
Permanent - Major	35	111,429	89,591	2,778
Death	43	19,731	44,115	5,721
Other/Unknown	9	167,260	89,247	335
<b>Total</b>	<b>283</b>	<b>\$ 47,015</b>	<b>\$ 35,627</b>	<b>\$ 3,300</b>



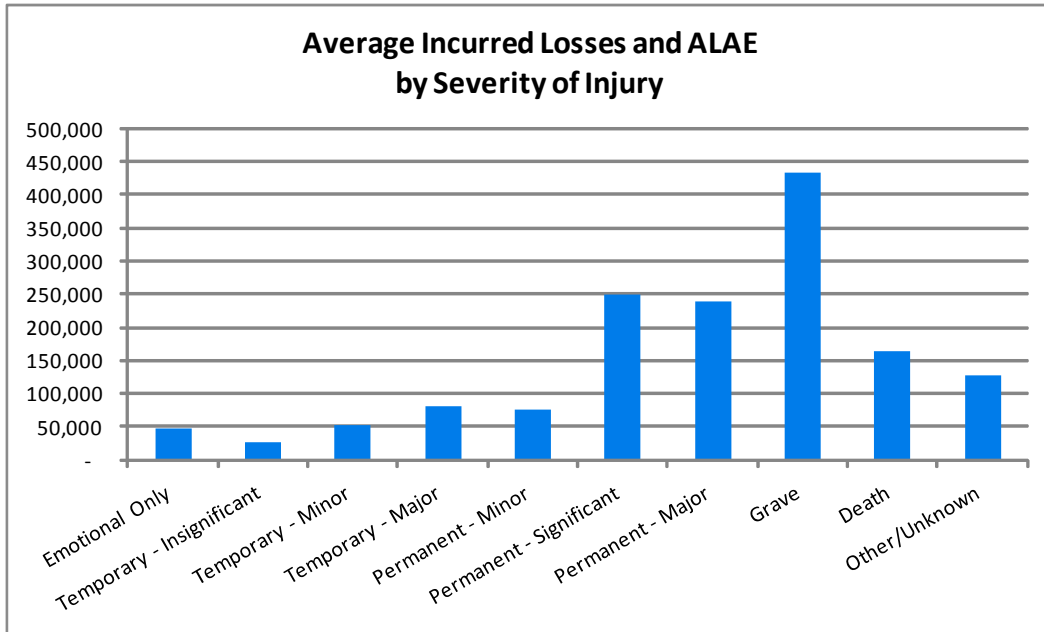
**Iowa Insurance Division  
Open Claims  
Total Benefits and Expenses  
Calendar Year 2011 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss	Reserve for Incurred
			Adjustment Expenses Paid	and Reported but not Disposed
Emotional Only	28	\$ -	\$ 346,041	\$ 960,701
Temporary - Insignificant	15	36,920	53,026	290,800
Temporary - Minor	76	4,937	858,548	3,137,429
Temporary - Major	47	557,546	581,906	2,702,042
Permanent - Minor	44	-	827,983	2,508,464
Permanent - Significant	31	-	1,531,072	6,232,725
Permanent - Major	67	250,000	2,220,612	13,496,212
Grave	8	-	610,610	2,866,522
Death	84	1,114,712	1,541,626	11,096,153
Other/Unknown	57	8,065	797,560	6,435,630
<b>Total</b>	<b>457</b>	<b>\$ 1,972,181</b>	<b>\$ 9,368,982</b>	<b>\$ 49,726,679</b>



**Iowa Insurance Division  
Open Claims  
Average Benefits and Expenses  
Calendar Year 2011 - By Severity of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but not Disposed
Emotional Only	28	\$ -	\$ 12,359	\$ 34,311
Temporary - Insignificant	15	2,461	3,535	19,387
Temporary - Minor	76	65	11,297	41,282
Temporary - Major	47	11,863	12,381	57,490
Permanent - Minor	44	-	18,818	57,011
Permanent - Significant	31	-	49,389	201,056
Permanent - Major	67	3,731	33,143	201,436
Grave	8	-	76,326	358,315
Death	84	13,270	18,353	132,097
Other/Unknown	57	141	13,992	112,906
<b>Total</b>	<b>457</b>	<b>\$ 4,315</b>	<b>\$ 20,501</b>	<b>\$ 108,811</b>





## 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. MMIC Insurance, Inc. provided additional specialties that were included within this section, but not in the Aggregate Claim Reports by Specialty of Provider section. Any categories with less than five claims were combined and reported in total for the company.

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

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

Ace American Insurance Company  
AMCO Insurance Company  
Church Mutual Insurance Company  
Doctors Company, The  
Fireman's Fund Insurance Company  
MHA 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  
ISMIE Mutual Insurance Company  
MHA Insurance Company  
Podiatry Insurance Company of America

**Iowa Insurance Division  
Benefits and Expenses by Company  
Closed Claims by Specialty  
Calendar Year 2011**

<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>C N A Insurance Companies</b>					
	All/Unknown	10	\$ 575,839	\$ 104,840	\$ 20,928
<b>Cincinnati Insurance Company, The</b>					
	All/Unknown	6	257,085	43,702	-
<b>COPIC Insurance Company</b>					
	All/Unknown	5	76,377	87,129	-
<b>ISMIE Mutual Insurance Company</b>					
	All/Unknown	6	711,837	142,649	-
<b>Medical Protective Company, The</b>					
	All/Unknown	8	12,300	89,958	-
<b>MMIC Insurance, Inc.</b>					
	Anesthesiology	7	10,000	258,224	-
	Family Practice	6		183,468	-
	General Surgery	6	395,000	402,667	-
	Obstetrics/Gynecology	13	3,000,000	1,170,968	-
	Orthopedics	16	550,000	946,123	-
	Radiology	8	165,000	333,231	-
	Hospital	29	659,000	1,034,856	-
	Clinic/Corporation	11	412,578	266,218	-
	Bariatric	11	190,000	239,212	-
	All/Unknown	18	410,000	402,090	-
<b>National Union Fire Insurance Company of Pittsburgh, PA</b>					
	All/Unknown	5	2,190,000	205,101	-
<b>NCMIC Insurance Company</b>					
	All/Unknown	9	285,000	341,203	-
<b>ProAssurance Insurance Companies</b>					
	Emergency Medicine	11	345,000	650,155	162,838
	Orthopedics	6	-	23,050	1,845
	Hospital	35	549,128	533,111	163,752
	Clinic/Corporation	9	590,000	480,270	189,496
	All/Unknown	27	1,591,100	1,022,488	394,649
<b>Grouped Companies</b>					
	All/Unknown	21	330,084	1,121,843	321
<b>Total</b>		<b>283</b>	<b>\$ 13,305,327</b>	<b>\$ 10,082,557</b>	<b>\$ 933,828</b>

**Iowa Insurance Division  
Benefits and Expenses by Company  
Open Claims by Specialty  
Calendar Year 2011**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
<b>AMCO Insurance Company</b>					
	Healthcare Facility	7	\$ 178,333	\$ -	\$ 245,199
<b>C N A Insurance Companies</b>					
	Anesthesiology	19		132,076	855,001
	Dentistry	11		62,894	165,057
	All/Unknown	5	427	22,967	4
<b>Cincinnati Insurance Company, The</b>					
	All/Unknown	5	27,810	34,332	
<b>COPIC Insurance Company</b>					
	All/Unknown	5		214,160	760,000
<b>Doctors Company, The</b>					
	All/Unknown	9		158,721	225,000
<b>Medical Protective Company, The</b>					
	Clinic/Corporation	7		175,445	841,500
	All/Unknown	8		491,230	314,500
<b>MMIC Insurance, Inc.</b>					
	Anesthesiology	6		88,155	222,500
	Family Practice	13		403,722	3,080,000
	General Surgery	16		351,858	2,020,000
	Internal Medicine	6		52,127	730,000
	Neurology	5		108,315	985,000
	Obstetrics/Gynecology	35		1,079,110	7,645,000
	Orthopedics	20		237,796	1,945,000
	Radiology	5		47,301	235,000
	Hospital	18		317,597	2,045,000
	Clinic/Corporation	30		438,434	2,340,010
	Bariatric	21		315,648	2,595,000
	All/Unknown	19		258,919	1,740,000
<b>National Union Fire Insurance Company of Pittsburgh, PA</b>					
	Emergency Medicine	5	675,000	99,884	240,000
	All/Unknown	6	272,546	40,838	50,000
<b>NCMIC Insurance Company</b>					
	Cardiology	15		69,729	790,000
	Orthopedics	13		151,954	730,000
	All/Unknown	9		216,272	860,000
<b>Preferred Professional Insurance Company</b>					
	All/Unknown	6		155,453	150,183
<b>ProAssurance Insurance Companies</b>					
	Cardiology	5		354,959	955,041
	Emergency Medicine	9		221,499	1,247,666
	Family Practice	10	150,000	509,539	1,877,461
	General Surgery	5		54,156	1,286,494
	Obstetrics/Gynecology	9		296,879	2,567,621
	Orthopedics	5		57,007	754,993
	Hospital	28	65	706,303	1,841,634
	Clinic/Corporation	33		976,427	4,851,074
	All/Unknown	13		252,259	1,719,741
<b>Zurich American Insurance Company</b>					
	All/Unknown	6	668,000	166,602	190,000
<b>Grouped Companies</b>					
	All/Unknown	10		48,416	626,000
<b>Total</b>		<b>457</b>	<b>\$ 1,972,181</b>	<b>\$ 9,368,982</b>	<b>\$ 49,726,679</b>

**Iowa Insurance Division  
Benefits and Expenses by Company  
Closed Claims by Nature of Claim  
Calendar Year 2011**

<b>Company</b>	<b>Alleged Cause of Loss</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>C N A Insurance Companies</b>					
	All/Unknown	10	\$ 575,839	\$ 104,840	\$ 20,928
<b>Cincinnati Insurance Company, The</b>					
	All/Unknown	6	257,085	43,702	
<b>COPIC Insurance Company</b>					
	All/Unknown	5	76,377	87,129	
<b>ISMIE Mutual Insurance Company</b>					
	All/Unknown	6	711,837	142,649	
<b>Medical Protective Company, The</b>					
	All/Unknown	8	12,300	89,958	
<b>MMIC Insurance, Inc.</b>					
	Failure to Diagnose/Monitor/Treat	5	12,000	195,323	-
	Delay in Diagnosis	10	130,000	498,254	-
	Inappropriate/Improper Surgical Procedure	18	760,000	638,816	-
	Treatment Related Cause	7	25,000	112,503	
	Pregnancy or Birth Related Problems	10	2,400,000	1,120,463	-
	Fracture/Fall	10	293,378	76,446	-
	All/Unknown	65	2,171,200	2,595,254	-
<b>National Union Fire Insurance Company of Pittsburgh, PA</b>					
	All/Unknown	5	2,190,000	205,101	-
<b>NCMIC Insurance Company</b>					
	All/Unknown	9	285,000	341,203	-
<b>ProAssurance Insurance Companies</b>					
	Failure to Diagnose/Monitor/Treat	15	61,250	670,956	204,286
	Delay in Diagnosis	7	283,750	448,222	190,320
	Incorrect Medication	5	-	-	-
	Inappropriate/Improper Surgical Procedure	21	300,000	638,079	278,379
	Pregnancy or Birth Related Problems	5	1,990,000	488,492	101,289
	All/Unknown	35	440,228	463,325	138,305
<b>Grouped Companies</b>					
	All/Unknown	21	330,084	1,121,843	321
<b>Total</b>		<b>283</b>	<b>\$ 13,305,327</b>	<b>\$ 10,082,557</b>	<b>\$ 933,828</b>

**Iowa Insurance Division  
Benefits and Expenses by Company  
Open Claims by Nature of Claim  
Calendar Year 2011**

<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>AMCO Insurance Company</b>					
	Wrong Diagnosis	7	\$ 178,333	\$ -	\$ 245,199
<b>C N A Insurance Companies</b>					
	All/Unknown	35	427	217,937	1,020,062
<b>Cincinnati Insurance Company, The</b>					
	All/Unknown	5	27,810	34,332	
<b>COPIC Insurance Company</b>					
	Failure to Diagnose/Monitor/Treat	5		214,160	760,000
<b>Doctors Company, The</b>					
	All/Unknown	9		158,721	225,000
<b>Medical Protective Company, The</b>					
	Inappropriate/Improper Surgical Procedure	6		106,097	311,000
	All/Unknown	9		560,579	845,000
<b>MMIC Insurance, Inc.</b>					
	Failure to Diagnose/Monitor/Treat	20		405,335	3,745,000
	Delay in Diagnosis	16		260,500	2,730,000
	Inappropriate/Improper Surgical Procedure	21		270,023	2,315,000
	Treatment Related Cause	9		55,886	255,000
	Pregnancy or Birth Related Problems	21		675,367	6,552,500
	Fracture/Fall	10		261,052	855,000
	All/Unknown	97		1,770,819	9,130,010
<b>National Union Fire Insurance Company of Pittsburgh, PA</b>					
	All/Unknown	11	947,546	140,722	290,000
<b>NCMIC Insurance Company</b>					
	Treatment Related Cause	17		298,342	1,310,000
	All/Unknown	20		139,612	1,070,000
<b>Preferred Professional Insurance Company</b>					
	All/Unknown	6		155,453	150,183
<b>ProAssurance Insurance Companies</b>					
	Failure to Diagnose/Monitor/Treat	25	150,000	475,338	3,354,827
	Delay in Diagnosis	5		80,022	1,154,978
	Pregnancy or Birth Related Problems	9		831,179	2,433,821
	All/Unknown	78	65	2,042,488	10,158,100
<b>Zurich American Insurance Company</b>					
	All/Unknown	6	668,000	166,602	190,000
<b>Grouped Companies</b>					
	All/Unknown	10		48,416	626,000
<b>Total</b>		<b>457</b>	<b>\$ 1,972,181</b>	<b>\$ 9,368,982</b>	<b>\$ 49,726,679</b>

**Iowa Insurance Division  
Benefits and Expenses by Company  
Closed Claims by Substance of Claim  
Calendar Year 2011**

<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>C N A Insurance Companies</b>					
	All/Unknown	10	\$ 575,839	\$ 104,840	\$ 20,928
<b>Cincinnati Insurance Company, The</b>					
	All/Unknown	6	257,085	43,702	
<b>COPIC Insurance Company</b>					
	All/Unknown	5	76,377	87,129	
<b>ISMIE Mutual Insurance Company</b>					
	All/Unknown	6	711,837	142,649	
<b>Medical Protective Company, The</b>					
	All/Unknown	8	12,300	89,958	
<b>MMIC Insurance, Inc.</b>					
	Emotional Only	8	45,000	291,394	
	Temporary - Insignificant	5	185,000	187,678	
	Temporary - Minor	24	177,078	286,706	
	Temporary - Major	14	249,500	49,226	
	Permanent - Minor	21	515,000	806,974	
	Permanent - Significant	7	950,000	307,654	
	Permanent - Major	26	1,780,000	2,249,071	
	All/Unknown	20	1,890,000	1,058,354	
<b>National Union Fire Insurance Company of Pittsburgh, PA</b>					
	All/Unknown	5	2,190,000	205,101	
<b>NCMIC Insurance Company</b>					
	All/Unknown	9	285,000	341,203	
<b>ProAssurance Insurance Companies</b>					
	Emotional Only	10	788	105,761	29,705
	Temporary - Insignificant	5		8,833	4,720
	Temporary - Minor	21	44,100	196,628	51,875
	Temporary - Major	13	350,000	498,132	210,613
	Permanent - Minor	8	100,000	396,995	204,902
	Permanent - Significant	7	340,000	228,566	77,309
	Death	14	245,000	736,795	233,222
	All/Unknown	10	1,995,340	537,363	100,233
<b>Grouped Companies</b>					
	Temporary - Minor	7	213,240	66,160	321
	All/Unknown	14	116,843	1,055,683	
<b>Total</b>		<b>283</b>	<b>\$ 13,305,327</b>	<b>\$ 10,082,557</b>	<b>\$ 933,828</b>

**Iowa Insurance Division  
Benefits and Expenses by Company  
Open Claims by Substance of Claim  
Calendar Year 2011**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
<b>AMCO Insurance Company</b>					
	All/Unknown	7	\$ 178,333	\$ -	\$ 245,199
<b>C N A Insurance Companies</b>					
	Temporary - Minor	24	427	164,013	884,255
	Temporary - Major	5		28,679	125,004
	All/Unknown	6		25,245	10,803
<b>Cincinnati Insurance Company, The</b>					
	All/Unknown	5	27,810	34,332	-
<b>COPIC Insurance Company</b>					
	All/Unknown	5		214,160	760,000
<b>Doctors Company, The</b>					
	All/Unknown	9		158,721	225,000
<b>Medical Protective Company, The</b>					
	Permanent - Minor	6		143,799	504,000
	All/Unknown	9		522,876	652,000
<b>MMIC Insurance, Inc.</b>					
	Emotional Only	20		231,777	790,010
	Temporary - Minor	26		295,008	1,072,500
	Temporary - Major	15		165,031	1,100,000
	Permanent - Minor	20		217,001	780,000
	Permanent - Significant	9		176,945	905,000
	Permanent - Major	52		1,232,152	10,980,000
	Death	43		793,543	7,180,000
	All/Unknown	9		587,524	2,775,000
<b>National Union Fire Insurance Company of Pittsburgh, PA</b>					
	All/Unknown	11	947,546	140,722	290,000
<b>NCMIC Insurance Company</b>					
	Temporary - Major	8		15,117	275,000
	Permanent - Minor	8		86,721	320,000
	Permanent - Significant	5		79,053	500,000
	Death	6		49,588	740,000
	All/Unknown	10		207,476	545,000
<b>Preferred Professional Insurance Company</b>					
	All/Unknown	6		155,453	150,183
<b>ProAssurance Insurance Companies</b>					
	Temporary - Minor	10		103,827	731,674
	Temporary - Major	8		151,962	879,038
	Permanent - Minor	7		211,352	623,463
	Permanent - Significant	11		1,131,275	4,323,725
	Permanent - Major	6		744,282	1,905,718
	Death	18	150,000	249,714	2,116,787
	All/Unknown	57	65	836,616	6,521,320
<b>Zurich American Insurance Company</b>					
	All/Unknown	6	668,000	166,602	190,000
<b>Grouped Companies</b>					
	All/Unknown	10		48,416	626,000
<b>Total</b>		<b>457</b>	<b>\$ 1,972,181</b>	<b>\$ 9,368,982</b>	<b>\$ 49,726,679</b>



# STATE OF IOWA

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TERRY E. BRANSTAD  
GOVERNOR

SUSAN E. VOSS  
COMMISSIONER OF INSURANCE

KIM REYNOLDS  
LT. GOVERNOR

## Copy of Data Call

**DATE:** March 19, 2012  
**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 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, 2011 through December 31, 2011.

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

**DUE DATE:** **June 1, 2012**

**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, 2012.

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

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1. Please provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits closed or disposed of on or after January 1, 2011 through December 31, 2011. Also provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits open as of December 31, 2011.
  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, 2011, report this only within the open claims report.
  9. If a claim was reopened and then closed within the period from January 1, 2011 through December 31, 2011, 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 where "Other" is chosen, enter in alpha-numeric format. Do not use formulas in the cells.
7. Please submit your completed EXCEL spreadsheets and a copy of the Contact Information sheet via e-mail to Karen Armstrong at [medmal@iid.iowa.gov](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, 2012.
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 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**

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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 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, 2011.

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

- (col. O)** 15. Severity of Injury:
- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Emotional Only (e.g. fright, no physical damage)  |
| <input type="checkbox"/> | 2 | Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)               |
| <input type="checkbox"/> | 3 | Temporary - Minor (e.g. infections, 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   |

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

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

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

**Claim**

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

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



**(col. 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, 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

**(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.*