

Iowa
Medical Malpractice Annual Report
For Calendar Year 2013

December 2014
Iowa Insurance Division

Table of Contents

Executive Summary	3
Recommendations	4
Introduction	5
Companies	6
Data	8
Limitations	9
Aggregate Claim Reports by Specialty of Provider	10
Closed Claims	11
Total Benefits and Expenses	11
Average Benefits and Expenses	12
Open Claims	13
Total Benefits and Expenses	13
Average Benefits and Expenses	14
Aggregate Claim Reports by Nature of Claim	15
Closed Claims	16
Total Benefits and Expenses	16
Open Claims	18
Total Benefits and Expenses	18
Average Benefits and Expenses	19
Aggregate Claim Reports by Substance of Claim	20
Closed Claims	21
Total Benefits and Expenses	21
Average Benefits and Expenses	22
Open Claims	23
Total Benefits and Expenses	23
Average Benefits and Expenses	24
Reports by Company	25
Closed Claims by Specialty	26
Open Claims by Specialty	27
Closed Claims by Nature of Claim	28
Open Claims by Nature of Claim	29
Closed Claims by Substance of Claim.....	30
Open Claims by Substance of Claim.....	31
Copy of Data Call	32

Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2013 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, 2013, through December 31, 2013, were asked to provide specific data for claims closed during that period and separately those remaining open at the end of the year.

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

The report provides a snapshot of Iowa's medical malpractice insurance market. Average payments of benefits plus allocated loss adjustment expenses (ALAE) were about \$87,179 for closed claims. The average incurred losses and allocated loss adjustment expenses were about \$143,024 for all open claims.

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

For closed claims, Treatment Related Cause produced more claims than any other listed alleged cause of loss. For open claims, Inappropriate/ Improper Surgical Procedure produced more claims than any other listed alleged cause of loss. For categories with the highest number of claims, the costliest closed claims were for claims categorized as Misdiagnosis, and the costliest open claims on average were for claims categorized as Pregnancy or Birth Related Problems.

The categories with the most claims based on Severity of Loss were Temporary - Minor for closed claims and also Temporary - Minor for open claims. On average, for closed claims, those categorized as Permanent - Significant were the costliest. Average paid losses and expenses by category ranged from about \$8,000 to about \$530,000 for closed claims. Open claims with the largest incurred loss and ALAE amounts were from the Grave category. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$8,000 to about \$585,000 for open claims.

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

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

Recommendations

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

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

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

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

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

Introduction

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2013.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2013 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 2013 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 69.7% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2013 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 2013. They comprise 68.4% of the 2013 medical malpractice market in Iowa. The market shares were determined by dividing the company’s written premium for the year by the total written premium for all companies in that year.

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

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

Company Name	Calendar Year 2009	Calendar Year 2010	Calendar Year 2011	Calendar Year 2012	Calendar Year 2013
MMIC Insurance, Inc.	36.0%	36.2%	37.3%	40.4%	41.8%
ProAssurance Insurance Companies	14.5%	10.6%	10.3%	8.4%	7.8%
NCMIC Insurance Company	2.8%	3.2%	3.8%	4.0%	4.1%
C N A Insurance Companies	2.7%	2.6%	2.9%	2.9%	3.2%
Medical Protective Company, The	2.4%	2.7%	2.6%	2.8%	3.1%
Preferred Professional Insurance Company	2.4%	2.5%	2.7%	2.4%	0.3%
MHA Insurance Company	2.4%	2.5%	2.0%	2.1%	2.9%
Podiatry Insurance Company of America	1.1%	1.1%	1.2%	1.2%	1.1%
National Union Fire Insurance Company of Pittsburgh, P.A.	0.5%	0.8%	0.7%	0.9%	0.5%
ISMIE Mutual Insurance Company	1.1%	0.6%	0.7%	0.8%	0.7%
Cincinnati Insurance Company, The	0.8%	0.8%	0.7%	0.7%	0.7%
AMCO Insurance Company	2.8%	2.5%	1.5%	0.6%	0.5%
COPIC Insurance Company	0.5%	0.4%	0.5%	0.6%	0.1%
Doctors Company, The	0.5%	0.6%	0.6%	0.5%	0.4%
Pharmacists Mutual Insurance Company	0.3%	0.4%	0.4%	0.4%	0.5%
Ace American Insurance Company	0.4%	0.4%	0.5%	0.4%	0.5%
Church Mutual Insurance Company	0.2%	0.3%	0.1%	0.1%	0.1%
Darwin National Assurance Company	0.0%	0.0%	0.0%	0.1%	0.1%
Zurich American Insurance Company	0.2%	0.2%	0.2%	0.2%	0.0%
Total Market Share for Companies with Reported Claims for 2013	71.6%	68.4%	68.7%	69.5%	68.4%

Data

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

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

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

Several large losses were reported, for both open and closed claims. Sixteen closed claims had total loss and allocated loss adjustment expenses of at least \$500,000. Thirty two open claims had incurred amounts of \$500,000 or more. Six closed claims were at least \$1,000,000, with the largest paid losses and ALAE reaching about \$3.4 million. Thirteen open claims were at least \$1,000,000, with the largest claim reaching about \$2.7 million.

Limitations

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

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

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

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

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

The report provides a snapshot of Iowa's medical malpractice insurance market. It includes claims from 2013 and earlier which either were closed in 2013 or remained open at the end of the year for those companies that responded to the data request. Since medical malpractice claims can take years to be reported and closed, the claims closed in a year and open at the end of the year do not correspond to premiums for that year.

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

Aggregate Claim Reports by Specialty of Provider

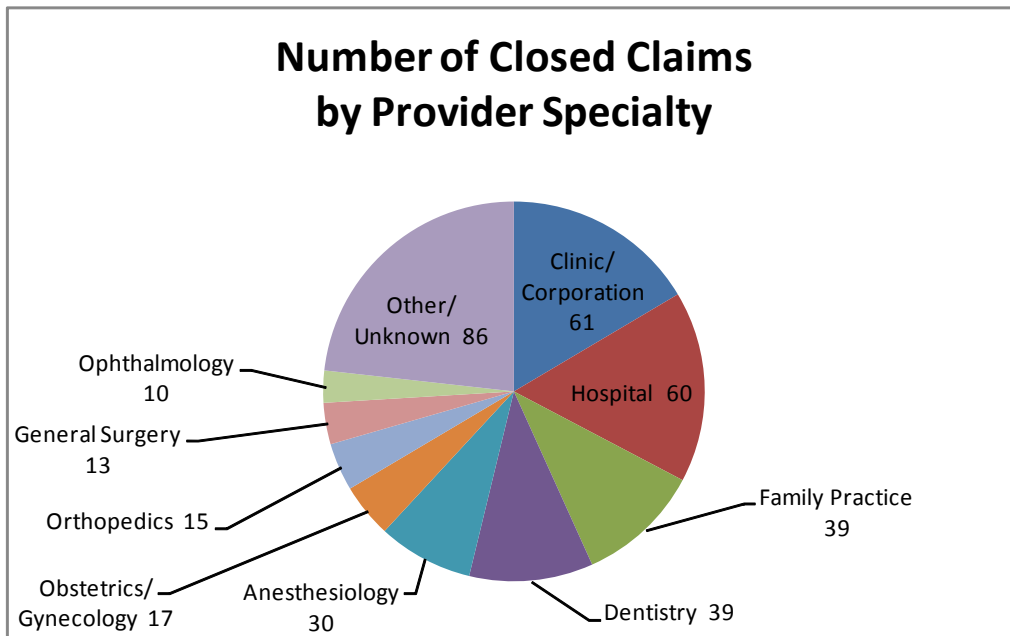
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual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

Average payments of benefits plus allocated loss adjustment expenses were about \$87,179 for all closed claims. The average incurred losses and allocated loss adjustment expenses were about \$143,024 for all open claims. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2013, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2013, regardless of the date of injury or the date reported. The mix of claims, by type, severity, size, will not be the same for the open and closed reports.

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

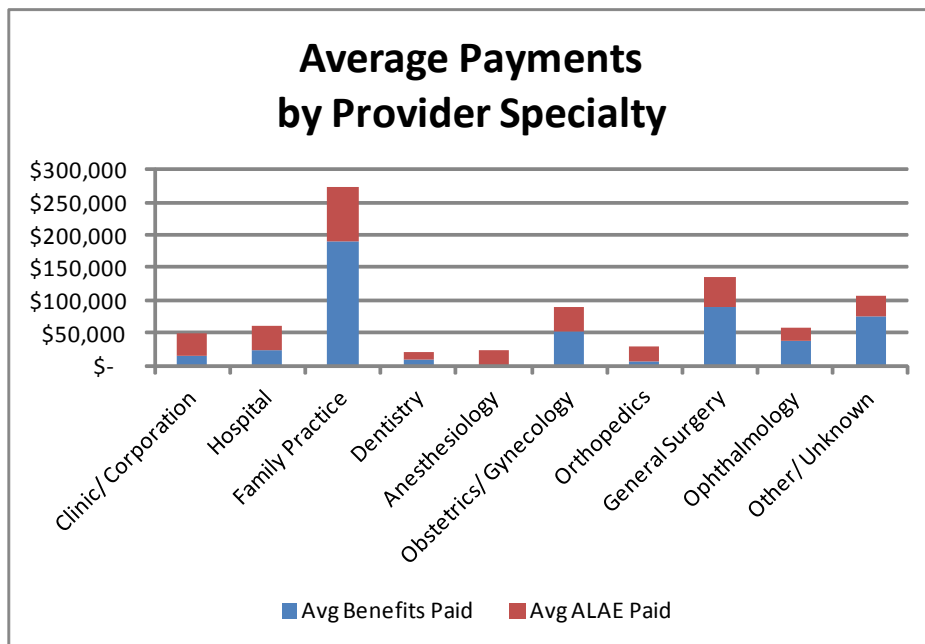
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2013 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Clinic/ Corporation	61	\$ 816,373	\$ 2,130,922	\$ 3,237
Hospital	60	1,418,258	2,162,961	-
Family Practice	39	7,461,000	3,214,534	-
Dentistry	39	375,627	375,554	3,707
Anesthesiology	30	-	698,380	510
Obstetrics/ Gynecology	17	901,500	642,162	-
Orthopedics	15	112,500	307,562	-
General Surgery	13	1,171,514	596,096	-
Ophthalmology	10	375,000	215,709	-
Other/ Unknown	86	6,353,505	2,927,015	-
Total	370	\$ 18,985,277	\$ 13,270,896	\$ 7,454



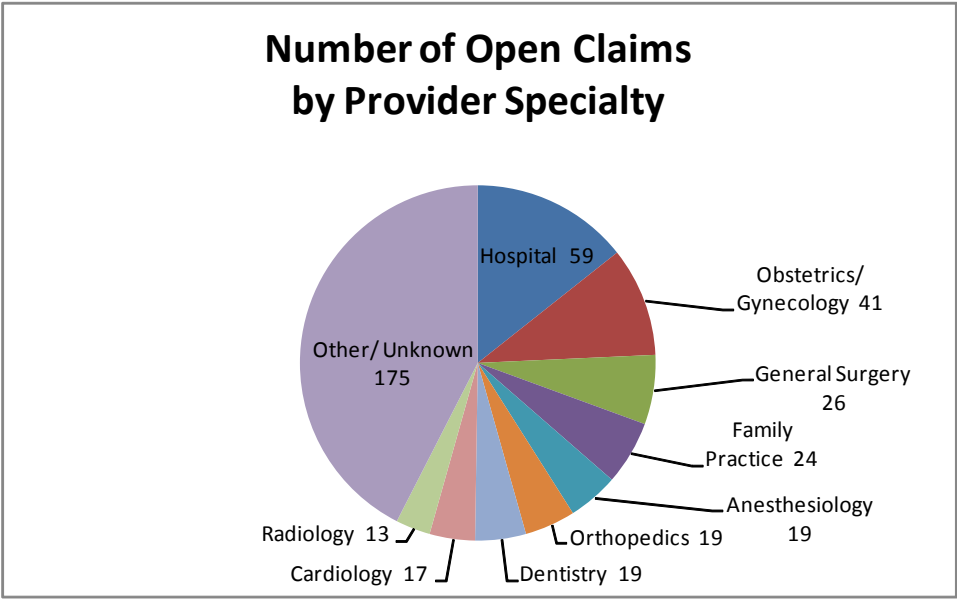
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2013 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Clinic/ Corporation	61	\$ 13,383	\$ 34,933	\$ 53
Hospital	60	23,638	36,049	-
Family Practice	39	191,308	82,424	-
Dentistry	39	9,631	9,630	95
Anesthesiology	30	-	23,279	17
Obstetrics/ Gynecology	17	53,029	37,774	-
Orthopedics	15	7,500	20,504	-
General Surgery	13	90,116	45,854	-
Ophthalmology	10	37,500	21,571	-
Other/ Unknown	86	73,878	34,035	-
Total	370	\$ 51,312	\$ 35,867	\$ 20



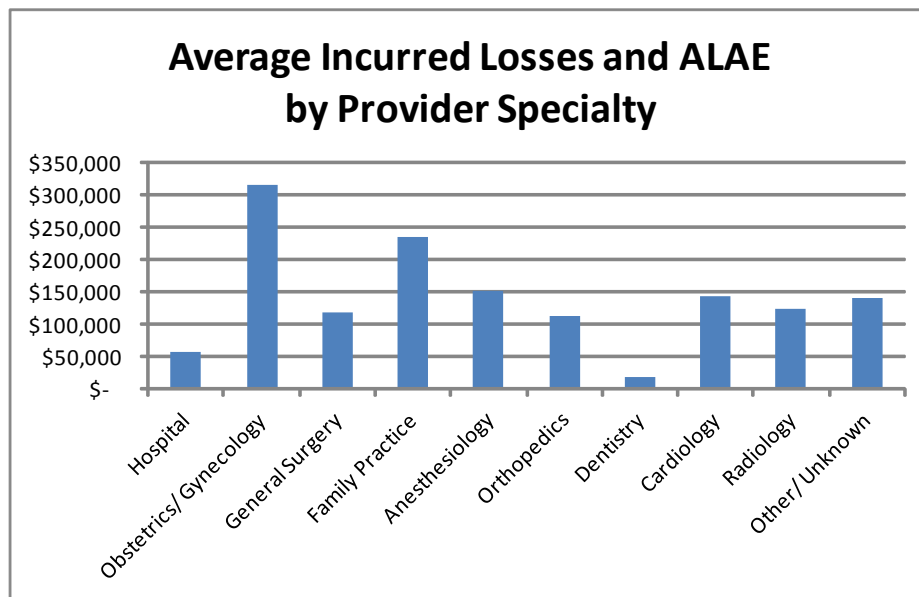
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2013 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Hospital	59	\$ 26,922	\$ 717,988	\$ 2,560,000
Obstetrics/ Gynecology	41	603,986	1,405,239	10,941,174
General Surgery	26	-	511,198	2,592,000
Family Practice	24	-	413,566	5,235,000
Anesthesiology	19	-	321,295	2,571,251
Orthopedics	19	74,984	399,818	1,677,516
Dentistry	19	-	50,349	296,491
Cardiology	17	-	675,653	1,744,500
Radiology	13	15,000	115,766	1,475,000
Other/ Unknown	175	1,033,139	3,403,308	20,064,909
Total	412	\$ 1,754,030	\$ 8,014,181	\$ 49,157,841



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2013 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but Not Disposed
Hospital	59	\$ 456	\$ 12,169	\$ 43,390
Obstetrics/ Gynecology	41	14,731	34,274	266,858
General Surgery	26	-	19,661	99,692
Family Practice	24	-	17,232	218,125
Anesthesiology	19	-	16,910	135,329
Orthopedics	19	3,947	21,043	88,290
Dentistry	19	-	2,650	15,605
Cardiology	17	-	39,744	102,618
Radiology	13	1,154	8,905	113,462
Other/ Unknown	175	5,904	19,447	114,657
Total	412	\$ 4,257	\$ 19,452	\$ 119,315



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.

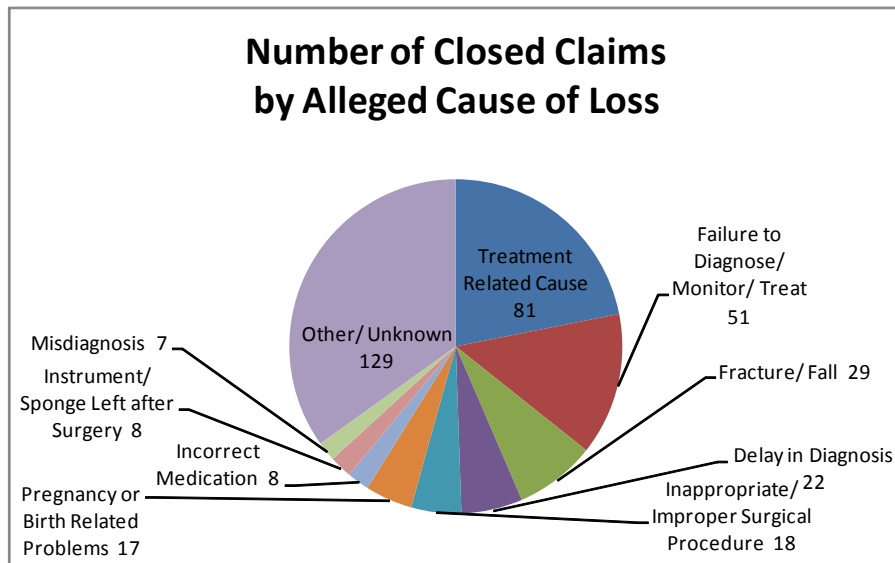
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

Treatment Related Cause produced the most claims while Misdiagnosis had on average the costliest claims at about \$674,000 for closed claims.

The most open claims were from Inappropriate/ Improper Surgical Procedure. The claims with the highest average incurred losses and allocated loss adjustment expenses were from the Pregnancy or Birth Related Problems, with about \$373,000 in average incurred losses.

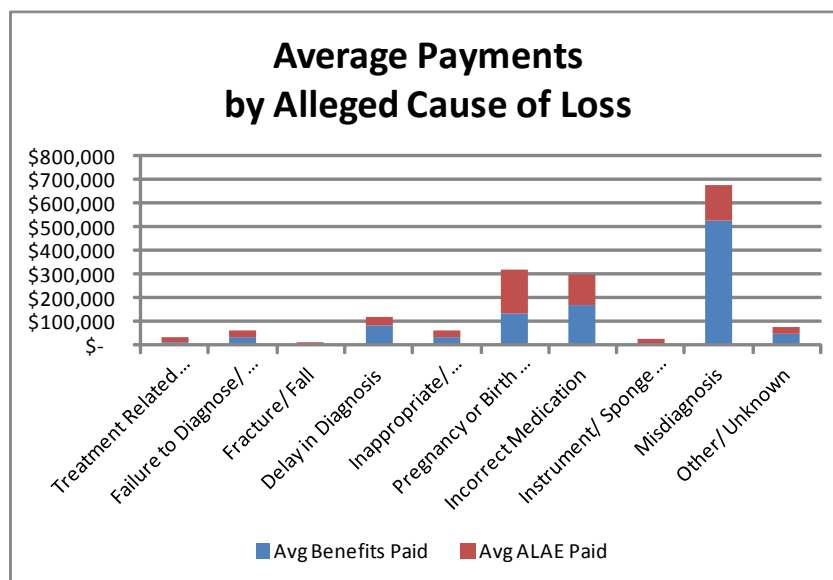
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2013 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Adjustment Expenses Paid	Total Allocated Loss	Additional Payments After 6 Months from Disposition
Treatment Related Cause	81	\$ 1,276,877	\$ 1,410,258	\$ 6,944	-
Failure to Diagnose/ Monitor/ Treat	51	1,822,407	1,222,535	-	-
Fracture/ Fall	29	153,235	284,441	-	-
Delay in Diagnosis	22	1,815,000	745,260	-	-
Inappropriate/ Improper Surgical Procedure	18	667,910	457,363	-	-
Pregnancy or Birth Related Problems	17	2,252,500	3,141,434	-	-
Incorrect Medication	8	1,385,705	987,694	-	-
Instrument/ Sponge Left after Surgery	8	2,754	192,868	-	-
Misdiagnosis	7	3,675,000	1,046,220	-	-
Other/ Unknown	129	5,933,889	3,782,823	510	-
Total	370	\$ 18,985,277	\$ 13,270,896	\$ 7,454	



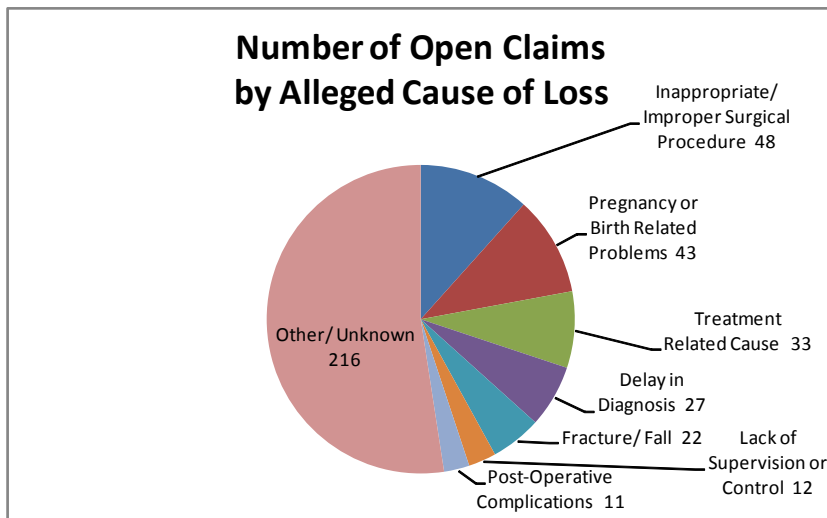
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2013 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Treatment Related Cause	81	\$ 15,764	\$ 17,411	\$ 86
Failure to Diagnose/ Monitor/ Treat	51	35,733	23,971	-
Fracture/ Fall	29	5,284	9,808	-
Delay in Diagnosis	22	82,500	33,875	-
Inappropriate/ Improper Surgical Procedure	18	37,106	25,409	-
Pregnancy or Birth Related Problems	17	132,500	184,790	-
Incorrect Medication	8	173,213	123,462	-
Instrument/ Sponge Left after Surgery	8	344	24,109	-
Misdiagnosis	7	525,000	149,460	-
Other/ Unknown	129	45,999	29,324	4
Total	370	\$ 51,312	\$ 35,867	\$ 20



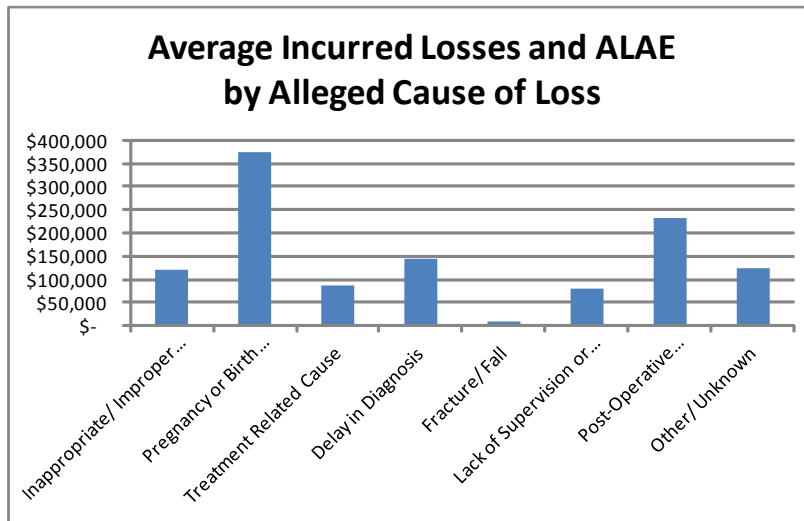
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2013 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Inappropriate/ Improper Surgical Procedure	48	\$ 270,000	\$ 713,762	\$ 4,806,003
Pregnancy or Birth Related Problems	43	1,069,487	1,320,628	13,635,424
Treatment Related Cause	33	-	439,678	2,428,500
Delay in Diagnosis	27	-	743,620	3,185,000
Fracture/ Fall	22	20,405	10,523	152,500
Lack of Supervision or Control	12	-	186,773	777,000
Post-Operative Complications	11	-	959,343	1,590,001
Other/ Unknown	216	394,138	3,639,853	22,583,413
Total	412	\$ 1,754,030	\$ 8,014,181	\$ 49,157,841



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2013 - 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
Inappropriate/ Improper Surgical Procedure	48	\$ 5,625	\$ 14,870	\$ 100,125
Pregnancy or Birth Related Problems	43	24,872	30,712	317,103
Treatment Related Cause	33	-	13,324	73,591
Delay in Diagnosis	27	-	27,541	117,963
Fracture/ Fall	22	927	478	6,932
Lack of Supervision or Control	12	-	15,564	64,750
Post-Operative Complications	11	-	87,213	144,546
Other/ Unknown	216	1,825	16,851	104,553
Total	412	\$ 4,257	\$ 19,452	\$ 119,315



Aggregate Claim Reports by Substance of Claim

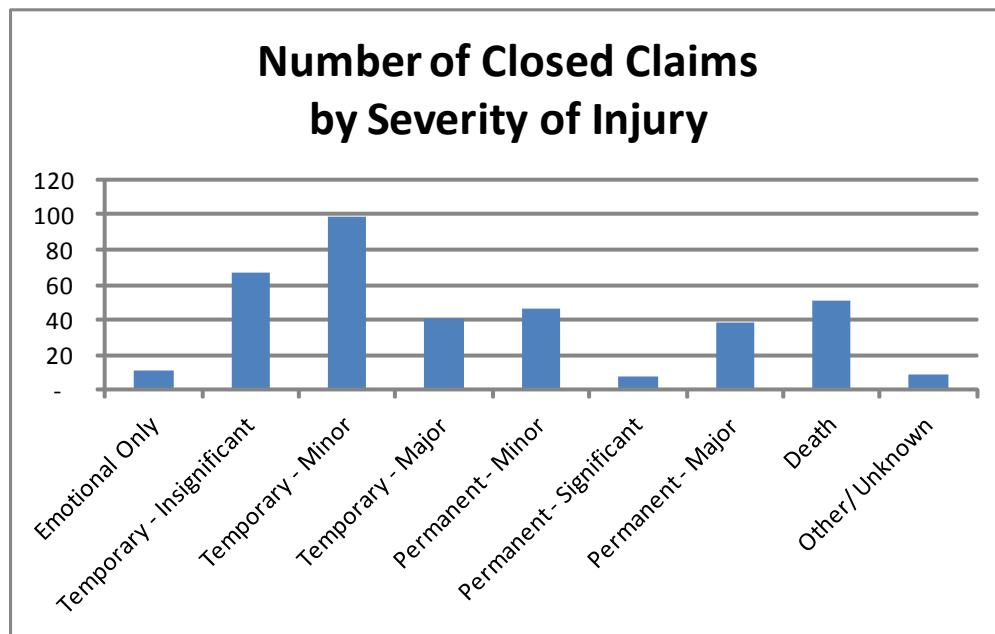
Companies were asked to classify each claim by the following severity of injury types.

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

For closed claims, most were categorized as Temporary - Minor claims, with the costliest claims on average being for those categorized as Permanent - Significant. For open claims, most were Temporary - Minor claims, with the highest average incurred losses and allocated loss adjustment expenses being for Grave claims. Average paid losses and expenses by category ranged from about \$8,000 to about \$530,000 for closed claims. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$8,000 to about \$585,000 for open claims.

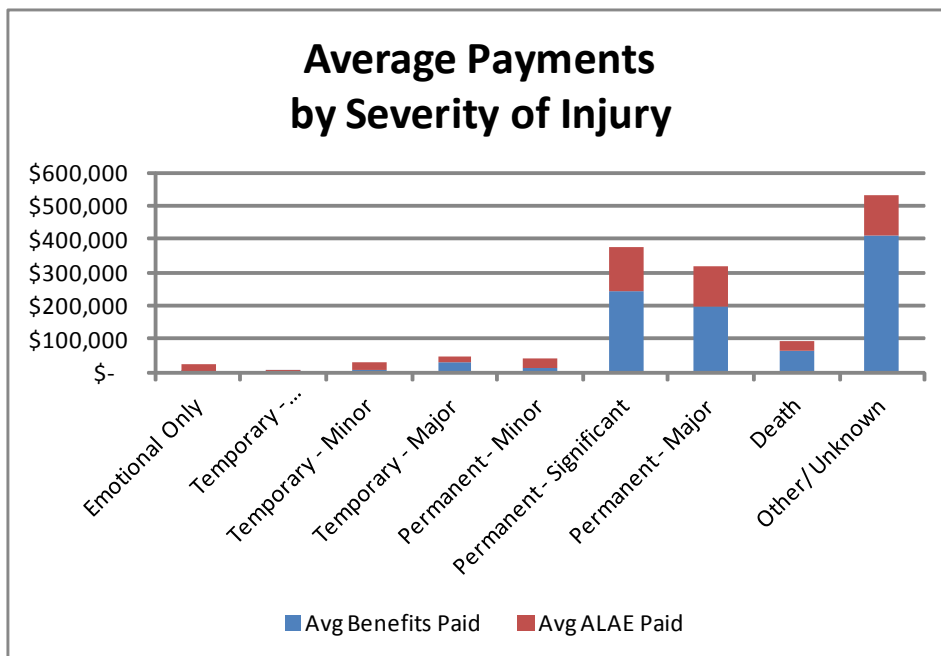
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2013 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	11	\$ 14,000	\$ 213,610	\$ 6,944
Temporary - Insignificant	67	159,718	380,757	-
Temporary - Minor	99	781,171	2,110,128	-
Temporary - Major	41	1,121,090	901,341	-
Permanent - Minor	46	673,959	1,286,480	510
Permanent - Significant	8	1,925,000	1,056,172	-
Permanent - Major	38	7,366,803	4,711,776	-
Death	51	3,268,537	1,518,261	-
Other/ Unknown	9	3,675,000	1,092,371	-
Total	370	\$ 18,985,277	\$ 13,270,896	\$ 7,454



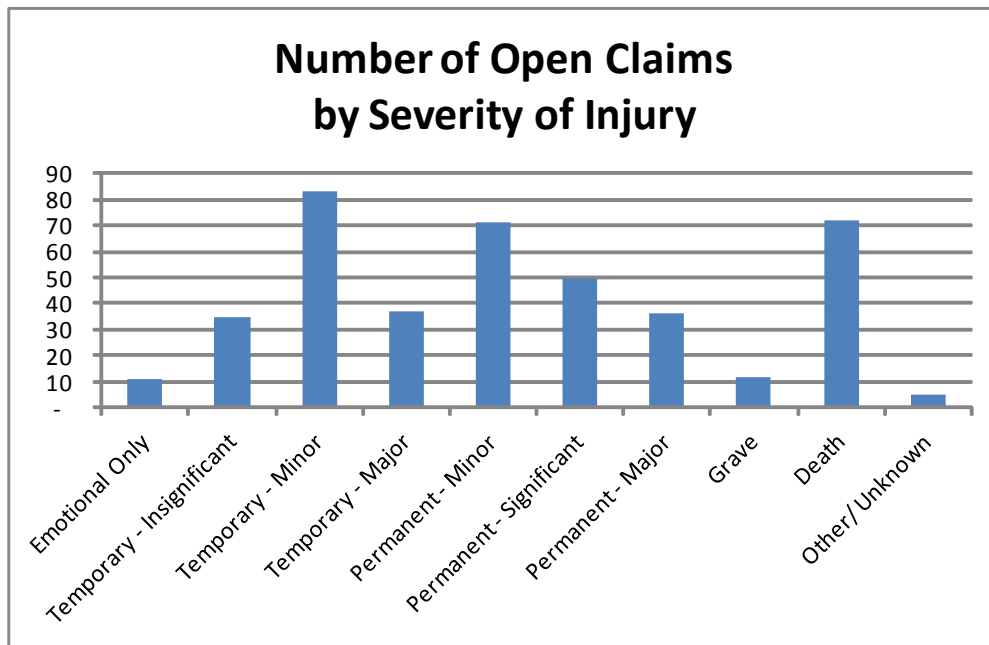
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2013 - By Severity of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	11	\$ 1,273	\$ 19,419	\$ 631
Temporary - Insignificant	67	2,384	5,683	-
Temporary - Minor	99	7,891	21,314	-
Temporary - Major	41	27,344	21,984	-
Permanent - Minor	46	14,651	27,967	11
Permanent - Significant	8	240,625	132,021	-
Permanent - Major	38	193,863	123,994	-
Death	51	64,089	29,770	-
Other/ Unknown	9	408,333	121,375	-
Total	370	\$ 51,312	\$ 35,867	\$ 20



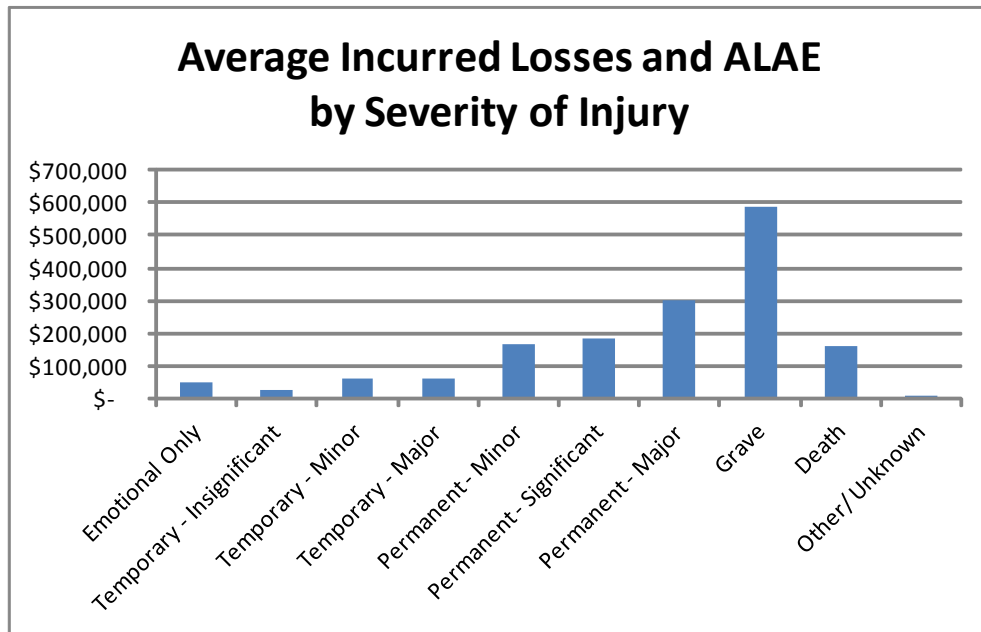
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2013 - By Severity of Claim**

Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Emotional Only	11	\$ -	\$ 261,007	\$ 280,000
Temporary - Insignificant	35	27,497	25,963	884,009
Temporary - Minor	83	20,408	532,718	4,525,407
Temporary - Major	37	6,517	490,130	1,808,000
Permanent - Minor	71	339,487	2,717,190	8,640,908
Permanent - Significant	50	1,000,000	788,312	7,255,000
Permanent - Major	36	74,984	1,256,936	9,512,516
Grave	12	-	451,913	6,570,000
Death	72	285,137	1,476,472	9,657,000
Other/ Unknown	5	-	13,540	25,001
Total	412	\$ 1,754,030	\$ 8,014,181	\$ 49,157,841



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2013 - 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	11	\$ -	\$ 23,728	\$ 25,455
Temporary - Insignificant	35	786	742	25,257
Temporary - Minor	83	246	6,418	54,523
Temporary - Major	37	176	13,247	48,865
Permanent - Minor	71	4,782	38,270	121,703
Permanent - Significant	50	20,000	15,766	145,100
Permanent - Major	36	2,083	34,915	264,237
Grave	12	-	37,659	547,500
Death	72	3,960	20,507	134,125
Other/ Unknown	5	-	2,708	5,000
Total	412	\$ 4,257	\$ 19,452	\$ 119,315



Reports by Company

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

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

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

Companies Grouped for Closed Claim Report

Ace American Insurance Company
Church Mutual Insurance Company
COPIC Insurance Company
Darwin National Assurance Company
Doctors Company, The
ISMIE Mutual Insurance Company
National Union Fire Insurance Company of Pittsburgh, P.A.
Podiatry Insurance Company of America
Zurich American Insurance Company

Companies Grouped for Open Claim Report

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

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Specialty
Calendar Year 2013**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
AMCO Insurance Company					
	Healthcare Facility	5	630,962	-	-
C N A Insurance Companies					
	Anesthesiology	20	-	671,758	510
	Dentistry	28	274,627	170,283	-
	All/ Unknown	6	31,021	10,164	-
Cincinnati Insurance Company, The					
	All/ Unknown	7	172,135	143,668	-
Medical Protective Company, The					
	Clinic/ Corporation	7	25,435	228,800	-
	All/ Unknown	12	265,000	394,871	-
MHA Insurance Company					
	All/ Unknown	35	609,134	450,024	-
MMIC Insurance, Inc.					
	Anesthesiology	9	-	16,236	-
	Family Practice	24	5,391,000	1,533,707	-
	General Surgery	8	382,564	405,071	-
	Obstetrics/ Gynecology	14	900,000	600,911	-
	Orthopedics	8	-	110,323	-
	Radiology	5	37,500	45,738	-
	Hospital	15	800,000	764,988	-
	Clinic/ Corporation	32	663,438	435,841	-
	All/ Unknown	38	2,850,553	1,455,729	-
NCMIC Insurance Company					
	Cardiology	6	50,000	120,830	-
	Chiropractic	6	1,000,000	756,500	-
	All/ Unknown	9	40,000	355,496	-
ProAssurance Insurance Companies					
	Family Practice	13	2,070,000	1,680,827	-
	Hospital	12	5,000	947,948	-
	Clinic/ Corporation	16	127,500	1,368,577	-
	All/ Unknown	18	900,874	386,812	-
Grouped Companies					
	All/ Unknown	17	1,758,533	215,792	6,944
Total		370	18,985,277	13,270,896	7,454

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Specialty
Calendar Year 2013**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
C N A Insurance Companies					
	Dentistry	12	-	15,372	125,491
	Bariatric	7	-	62,586	480,004
	All/ Unknown	5	-	33,472	164,005
Medical Protective Company, The					
	Obstetrics/ Gynecology	6	-	105,556	1,206,000
	Dentistry	5	-	316	16,000
	Clinic/ Corporation	9	-	123,505	2,000
	All/ Unknown	8	-	93,178	1,446,000
MHA Insurance Company					
	Hospital	25	26,922	116,845	410,000
	All/ Unknown	6	-	21,920	350,000
MMIC Insurance, Inc.					
	Anesthesiology	13	-	243,700	1,791,250
	Cardiology	7	-	53,856	142,500
	Emergency Medicine	5	-	115,124	510,000
	Family Practice	16	-	344,930	3,785,000
	General Surgery	15	-	319,744	1,870,000
	Neurology	7	-	195,053	1,210,000
	Obstetrics/ Gynecology	22	-	541,456	4,508,750
	Orthopedics	8	74,984	270,619	822,516
	Radiology	11	15,000	103,756	1,250,000
	Hospital	16	-	185,218	320,000
	Clinic/ Corporation	40	1,000,000	331,148	2,507,500
	All/ Unknown	30	-	833,410	4,922,500
NCMIC Insurance Company					
	Orthopedics	8	-	120,885	605,000
	Chiropractic	7	-	117,681	730,000
	Clinic/ Corporation	9	-	41,427	205,000
	All/ Unknown	7	-	132,113	505,000
ProAssurance Insurance Companies					
	Cardiology	6	-	532,894	1,300,000
	Family Practice	6	-	59,845	950,000
	General Surgery	5	-	51,205	635,000
	Obstetrics/ Gynecology	7	-	503,484	3,041,424
	Hospital	15	-	415,926	1,830,000
	Clinic/ Corporation	23	-	947,782	2,115,000
	All/ Unknown	16	-	351,757	2,550,000
Grouped Companies					
	Podiatry	5	-	169,029	2,690,000
	All/ Unknown	25	637,124	459,395	4,161,901
Total		412	1,754,030	8,014,181	49,157,841

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Nature of Claim
Calendar Year 2013**

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
AMCO Insurance Company					
	Wrong Diagnosis	5	630,962	-	-
C N A Insurance Companies					
	Treatment Related Cause	39	220,877	121,490	-
	All/ Unknown	15	84,771	730,714	510
Cincinnati Insurance Company, The					
	All/ Unknown	7	172,135	143,668	-
Medical Protective Company, The					
	Treatment Related Cause	5	-	273,455	-
	All/ Unknown	14	290,435	350,217	-
MHA Insurance Company					
	Failure to Diagnose/ Monitor/ Treat	5	5,263	13,312	-
	Treatment Related Cause	7	-	29,692	-
	Fracture/ Fall	13	52,047	16,335	-
	All/ Unknown	10	551,824	390,684	-
MMIC Insurance, Inc.					
	Failure to Diagnose/ Monitor/ Treat	10	422,625	388,293	-
	Delay in Diagnosis	16	1,000,000	392,087	-
	Treatment Related Cause	7	-	72,909	-
	Pregnancy or Birth Related Problems	7	975,000	443,821	-
	Fracture/ Fall	10	91,188	188,308	-
	All/ Unknown	103	8,536,242	3,883,126	-
NCMIC Insurance Company					
	Failure to Diagnose/ Monitor/ Treat	6	-	123,982	-
	Treatment Related Cause	8	1,035,000	845,730	-
	All/ Unknown	7	55,000	263,113	-
ProAssurance Insurance Companies					
	Failure to Diagnose/ Monitor/ Treat	19	861,874	609,842	-
	Incorrect Medication	5	1,250,000	979,179	-
	Inappropriate/ Improper Surgical Procedure	5	187,500	216,270	-
	Instrument/ Sponge Left after Surgery	5	1,500	25,691	-
	Treatment Related Cause	9	-	24,542	-
	Pregnancy or Birth Related Problems	6	777,500	2,352,972	-
	All/ Unknown	10	25,000	175,669	-
Grouped Companies					
	Inappropriate/ Improper Surgical Procedure	7	255,410	125,876	-
	All/ Unknown	10	1,503,124	89,916	6,944
Total		370	18,985,277	13,270,896	7,454

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Nature of Claim
Calendar Year 2013**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
C N A Insurance Companies					
	Failure to Diagnose/ Monitor/ Treat	15	-	79,963	319,494
	All/ Unknown	9	-	31,467	450,006
Medical Protective Company, The					
	Inappropriate/ Improper Surgical Procedure	7	-	40,769	506,000
	Treatment Related Cause	7	-	31,358	606,000
	Pregnancy or Birth Related Problems	7	-	105,350	1,204,000
	All/ Unknown	7	-	145,078	354,000
MHA Insurance Company					
	Fracture/ Fall	13	20,405	-	42,500
	All/ Unknown	18	6,517	138,765	717,500
MMIC Insurance, Inc.					
	Failure to Diagnose/ Monitor/ Treat	24	-	663,014	4,085,000
	Delay in Diagnosis	14	-	429,560	1,675,000
	Inappropriate/ Improper Surgical Procedure	9	-	202,597	645,000
	Treatment Related Cause	8	-	135,096	635,000
	Pregnancy or Birth Related Problems	21	1,000,000	455,574	5,740,000
	Fracture/ Fall	5	-	1,269	25,000
	All/ Unknown	109	89,984	1,650,902	10,835,016
NCMIC Insurance Company					
	Failure to Diagnose/ Monitor/ Treat	8	-	93,764	445,000
	Post-Operative Complications	6	-	27,796	460,000
	Treatment Related Cause	8	-	128,378	785,000
	All/ Unknown	9	-	162,168	355,000
ProAssurance Insurance Companies					
	Failure to Diagnose/ Monitor/ Treat	13	-	531,720	2,375,000
	Delay in Diagnosis	11	-	285,494	1,310,000
	Lack of Supervision or Control	7	-	57,816	625,000
	Inappropriate/ Improper Surgical Procedure	17	-	236,944	2,935,000
	Post-Operative Complications	5	-	880,555	1,000,000
	Treatment Related Cause	11	-	199,488	880,000
	Pregnancy or Birth Related Problems	8	-	636,909	3,216,424
	All/ Unknown	6	-	33,965	80,000
Grouped Companies					
	Inappropriate/ Improper Surgical Procedure	9	270,000	228,713	545,000
	Pregnancy or Birth Related Problems	5	69,487	110,448	3,025,000
	All/ Unknown	16	297,637	289,263	3,281,901
Total		412	1,754,030	8,014,181	49,157,841

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Substance of Claim
Calendar Year 2013**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
AMCO Insurance Company					
	All/ Unknown	5	630,962	-	-
C N A Insurance Companies					
	Temporary - Insignificant	25	43,732	32,303	-
	Temporary - Minor	15	142,344	745,304	-
	Temporary - Major	7	89,573	23,723	-
	All/ Unknown	7	30,000	50,874	510
Cincinnati Insurance Company, The					
	All/ Unknown	7	172,135	143,668	-
Medical Protective Company, The					
	Temporary - Minor	6	25,435	15,829	-
	Permanent - Minor	6	-	371,466	-
	All/ Unknown	7	265,000	236,377	-
MHA Insurance Company					
	Temporary - Insignificant	17	17,047	25,032	-
	Temporary - Major	9	6,517	97,912	-
	All/ Unknown	9	585,570	327,080	-
MMIC Insurance, Inc.					
	Emotional Only	6	1,500	196,065	-
	Temporary - Minor	47	185,313	653,972	-
	Temporary - Major	7	200,000	275,163	-
	Permanent - Minor	26	347,500	567,458	-
	Permanent - Major	26	5,114,303	1,447,336	-
	Grave	5	3,675,000	1,039,584	-
	Death	27	1,075,000	840,363	-
	All/ Unknown	9	426,439	348,604	-
NCMIC Insurance Company					
	Temporary - Major	12	35,000	322,583	-
	All/ Unknown	9	1,055,000	910,243	-
ProAssurance Insurance Companies					
	Temporary - Insignificant	17	76,500	230,184	-
	Temporary - Minor	15	25,000	200,375	-
	Permanent - Minor	5	187,500	226,656	-
	Permanent - Major	7	1,877,500	3,175,414	-
	Death	9	936,874	396,639	-
	All/ Unknown	6	-	154,897	-
Grouped Companies					
	Temporary - Minor	5	117,074	24,409	-
	All/ Unknown	12	1,641,459	191,383	6,944
Total		370	18,985,277	13,270,896	7,454

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Substance of Claim
Calendar Year 2013**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
C N A Insurance Companies					
	Temporary - Insignificant	11	-	3,505	74,009
	Permanent - Minor	5	-	45,039	215,484
	All/ Unknown	8	-	62,886	480,007
Medical Protective Company, The					
	Temporary - Major	7	-	52,004	13,000
	Permanent - Minor	9	-	188,524	1,704,000
	Death	7	-	58,674	792,000
	All/ Unknown	5	-	23,352	161,000
MHA Insurance Company					
	Temporary - Insignificant	15	14,997	1,710	95,000
	All/ Unknown	16	11,925	137,055	665,000
MMIC Insurance, Inc.					
	Temporary - Minor	43	15,000	364,218	852,500
	Temporary - Major	13	-	188,658	965,000
	Permanent - Minor	27	-	486,360	1,865,000
	Permanent - Significant	17	1,000,000	225,168	1,930,000
	Permanent - Major	30	74,984	1,019,108	7,837,516
	Grave	10	-	350,951	3,570,000
	Death	40	-	697,394	6,380,000
	All/ Unknown	10	-	206,154	240,000
NCMIC Insurance Company					
	Temporary - Minor	6	-	36,721	170,000
	Temporary - Major	12	-	164,398	620,000
	Permanent - Significant	6	-	109,301	760,000
	All/ Unknown	7	-	101,686	495,000
ProAssurance Insurance Companies					
	Temporary - Insignificant	5	-	16,124	360,000
	Temporary - Minor	13	-	99,045	765,000
	Permanent - Minor	19	-	1,865,860	4,501,424
	Permanent - Significant	19	-	195,805	3,325,000
	Permanent - Major	5	-	237,829	1,675,000
	Death	12	-	340,646	1,675,000
	All/ Unknown	5	-	107,583	120,000
Grouped Companies					
	Temporary - Minor	8	-	32,139	2,646,900
	Permanent - Minor	5	339,487	65,287	80,000
	Death	6	285,137	295,825	110,000
	All/ Unknown	11	12,500	235,172	4,015,001
Total		412	1,754,030	8,014,181	49,157,841

TERRY E. BRANSTAD
GOVERNOR

NICK GERHART
COMMISSIONER OF INSURANCE

KIM REYNOLDS
LT. GOVERNOR

DATE: March 5, 2014
FROM: Iowa Insurance Division
TO: All Admitted Insurance Companies Writing Medical Malpractice Insurance
in Iowa

ANNUAL REPORT

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

REPORTING COMPANIES: All companies licensed by the Iowa Insurance Division to write the line(s) of business noted above, with direct written premiums on or after January 1, 2013 through December 31, 2013.

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

DUE DATE: June 1, 2014

IID CONTACT PERSON: Ramona Lee Ramona.Lee@iid.iowa.gov

GENERAL INSTRUCTIONS

The following pages provide detailed directions for completing the report. The report must be submitted in the format provided. Record layout and formatting instructions will be found on subsequent pages. The report should consist of two EXCEL spreadsheets, one for closed claims and one for open claims, and the contact information sheet. The report should be submitted via e-mail to Ramona Lee at medmal@iid.iowa.gov by June 1, 2014.

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

1. Please provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits closed or disposed of on or after January 1, 2013 through December 31, 2013. Also provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits open as of December 31, 2013.
 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, 2013, report this only within the open claims report.
 9. If a claim was reopened and then closed within the period from January 1, 2013 through December 31, 2013, only include in the closed claims report.
 10. Submit information for each closed claim, whether closed with or without payment.
 11. Submit information for each open claim, whether a reserve amount has been established or not.
-

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

1. Please provide data in an EXCEL spreadsheet in accordance with the attached open and closed record layouts.
2. Please provide a separate spreadsheet for the closed claims report and a separate spreadsheet for the open claims report.
3. Companies within a group may report as a group rather than submitting separate reports for each company.
4. Each claim should be reported on one row within the appropriate spreadsheet, either the open claims spreadsheet or the closed claims spreadsheet.
5. Provide a separate document with the additional codes to explain the specified column when the date provided includes more codes than the closed and open layouts.
6. Data must be entered in the spreadsheets according to the definitions and report layout provided. To be accepted data must be entered in date format as MM/DD/YYYY for dates; numeric format for dollar amounts, numbers, and any designated codes; and alpha-numeric format for other entries. For any columns where "Other" is chosen, enter in alpha-numeric format. Do not use formulas in the cells.
7. Please submit your completed EXCEL spreadsheets and a copy of the Contact Information sheet via e-mail to Ramona Lee at medmal@iid.iowa.gov. The EXCEL spreadsheets may be zipped using the WinZip program if the file is too large for e-mail.
8. The report is due June 1, 2014.
9. If you have any questions, feel free to e-mail or call Ramona Lee at Ramona.Lee@iid.iowa.gov, 515-281-4095.

DEFINITIONS

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

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

Calendar Year – January 1 through December 31.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ALLEGED INJURY

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

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

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

Please complete the following and submit with your spreadsheets.

Contact Person: _____

Title: _____

E-mail: _____

Telephone Number: _____

Company: _____

Address: _____

City, State, ZIP: _____

I have provided all relevant and accurate closed and open claim data for the medical professional liability, medical malpractice, line of business for this data call. To the best of my knowledge, the information provided for this company is true and accurate as of December 31, 2013.

Person Responsible for Data Call: _____

Title: _____

Date: _____

We thank you for your prompt attention to this matter!

The Iowa Insurance Division

Medical Malpractice Insurance Closed Claim Report

Policy

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

Defendant

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

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

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

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

1	Failure to Diagnose/Monitor/Treat	11	Post-Operative Complications		
2	Misdiagnosis	12	Treatment Related Cause		
3	Delay in Diagnosis	13	Pregnancy or Birth Related Problems		
4	Incorrect Medication	14	Lack of Informed Consent or Failure to Obtain Consent		
5	Lack of Monitoring Medication	15	Diseases/Medical Condition		
6	Side Effect of Medication	16	Wrong Diagnosis		
7	Lack of Supervision or Control	17	Fracture/Fall		
8	Inappropriate/Improper Surgical Procedure	<input type="checkbox"/> Other/Unknown: _____			
9	Unnecessary Surgical Procedure			18	Inappropriate Procedure
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, fracture, fall in hospital; recovery delayed) |
| 4 | Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed) |
| 5 | Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |
| 6 | Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung) |
| 7 | Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage) |
| 8 | Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis) |
| 9 | Death |
| | Other/Unknown (e.g. injury was not a part of the list above, data was not captured or maintained) |

Claim Disposition

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

Claim Payments

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

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

Medical Malpractice Insurance Open Claim Report

Policy

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

Defendant

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

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

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

1	Allergy/Immunology	10	Neurology	19	Radiology
2	Anesthesiology	11	Obstetrics/Gynecology	20	Chiropractic
3	Cardiology	12	Ophthalmology	21	Dentistry
4	Dermatology	13	Orthopedics	22	Pharmacy
5	Emergency Medicine	14	Pathology	23	Hospital
6	Family Practice	15	Pediatrics	24	Healthcare Facility
7	Gastroenterology	16	Plastic Surgery	25	Clinic/Corporation
8	General Surgery	17	Podiatry	26	Physician Assistant
9	Internal Medicine	18	Psychiatry	27	Physical Therapy
<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: Male Female
- (col. L) 12. Injured Person's Date of Birth (MM/DD/YYYY): _____

Alleged Injury

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

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

- (col. N)** 14. Severity of Injury:
- | | |
|---|---|
| 1 | Emotional Only (e.g. fright, no physical damage) |
| 2 | Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay) |
| 3 | Temporary - Minor (e.g. infections, fracture, fall in hospital; recovery delayed) |
| 4 | Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed) |
| 5 | Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |
| 6 | Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung) |
| 7 | Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage) |
| 8 | Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis) |
| 9 | Death |
| | Other/Unknown (e.g. injury was not a part of the list above, data was not captured or maintained) |

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

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

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