

Iowa
Medical Malpractice Annual Report
For Calendar Year 2015

December 2016
Iowa Insurance Division

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Executive Summary

The Iowa Insurance Division requested open and closed claim data for calendar year 2015 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, 2015, through December 31, 2015, 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 \$81,000 for closed claims. The average incurred losses and allocated loss adjustment expenses were about \$178,000 for all open claims.

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

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

The categories with the most claims based on Severity of Loss were Temporary - Minor for both closed claims and for open claims. On average, for closed claims, those categorized as All/ Unknown or Grave were the costliest. Average paid losses and expenses by category ranged from about \$12,000 to about \$366,000 for closed claims. Open claims with the largest incurred loss and ALAE amounts were also from the All/ Unknown or Grave category. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$26,000 to about \$726,000 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 2015.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2015 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 2015 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 2015 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 2015. They comprise 67.2% of the 2015 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 2011	Calendar Year 2012	Calendar Year 2013	Calendar Year 2014	Calendar Year 2015
MMIC Insurance, Inc.	37.3%	40.4%	41.8%	40.3%	41.0%
ProAssurance Insurance Companies	10.3%	8.4%	7.8%	6.6%	8.1%
Medical Protective Company, The	2.6%	2.8%	3.1%	3.6%	4.3%
NCMIC Insurance Company	3.8%	4.0%	4.1%	4.0%	3.9%
C N A Insurance Companies	2.9%	2.9%	3.2%	3.2%	3.3%
MHA Insurance Company	2.0%	2.1%	2.9%	3.2%	2.7%
ISMIE Mutual Insurance Company	0.7%	0.8%	0.7%	0.9%	0.9%
Podiatry Insurance Company of America	1.2%	1.2%	1.1%	0.9%	0.8%
Cincinnati Insurance Company, The	0.7%	0.7%	0.7%	0.6%	0.6%
Pharmacists Mutual Insurance Company	0.4%	0.4%	0.5%	0.5%	0.6%
Ace American Insurance Company	0.5%	0.4%	0.5%	0.4%	0.5%
National Union Fire Insurance Company of Pittsburg, PA	0.7%	0.9%	0.5%	0.5%	0.2%
Allied World Insurance Companies	0.0%	0.1%	0.1%	0.1%	0.1%
COPIC Insurance Company	0.5%	0.6%	0.1%	0.1%	0.1%
Church Mutual Insurance Company	0.1%	0.1%	0.1%	0.2%	0.1%
Capson Physician's Insurance Company	0.0%	0.0%	0.0%	0.0%	0.0%
AMCO Insurance Company	1.5%	0.6%	0.5%	0.0%	0.0%
Total Market Share for Companies with Reported Claims for 2015	65.2%	66.4%	67.7%	65.1%	67.2%

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. Ten closed claims had total loss and allocated loss adjustment expenses of at least \$500,000. Twenty seven open claims had incurred amounts of \$500,000 or more. Four closed claims were at least \$1,000,000, with the largest paid losses and ALAE reaching about \$3.2 million. Twelve open claims were at least \$1,000,000, with the largest claim reaching about \$5.3 million.

Limitations

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

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

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

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

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

The report provides a snapshot of Iowa's medical malpractice insurance market. It includes claims from 2015 and earlier which either were closed in 2015 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

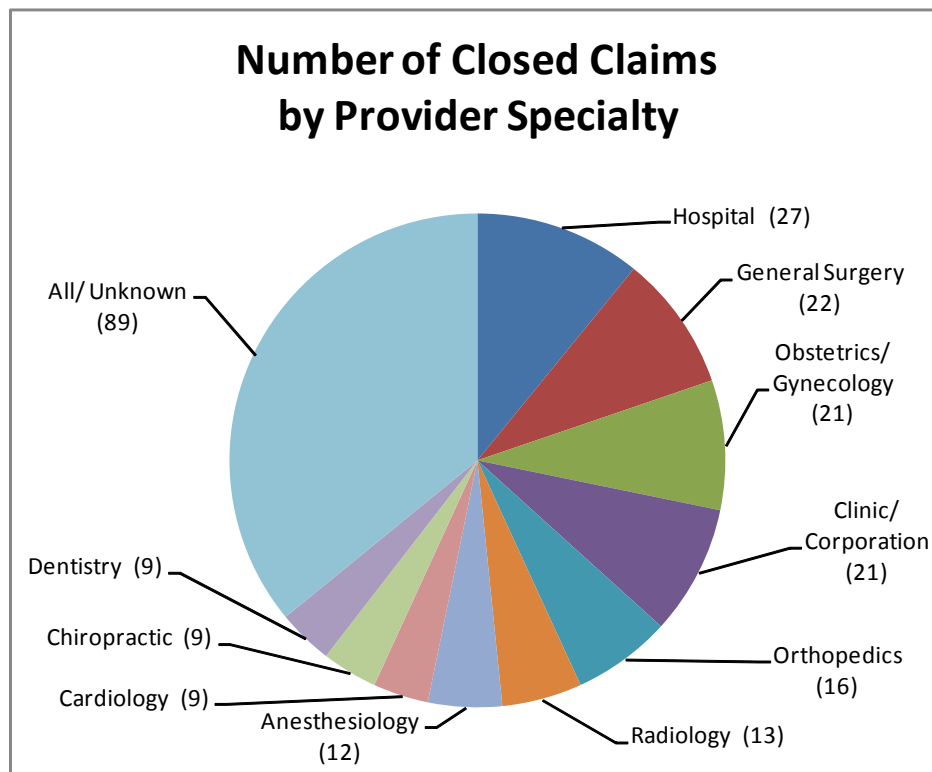
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual 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 \$81,000 for all closed claims. The average incurred losses and allocated loss adjustment expenses were about \$178,000 for all open claims. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2015, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2015, 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. For open claims, Obstetrics/ Gynecology had the most claims. Of closed claims provider specialty categories listed in the chart (ranked by number of claims), Radiology 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.

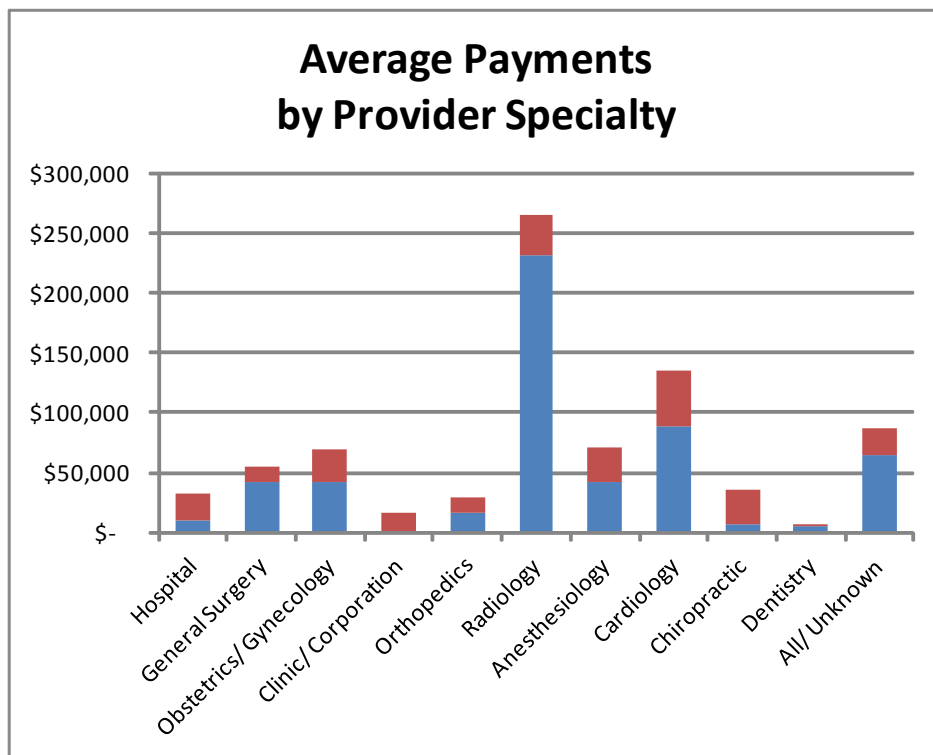
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2015 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Hospital	27	\$ 252,956	\$ 632,455	\$ -
General Surgery	22	928,000	290,431	-
Obstetrics/ Gynecology	21	898,150	574,395	-
Clinic/ Corporation	21	-	361,728	-
Orthopedics	16	275,000	199,859	-
Radiology	13	3,000,000	451,890	-
Anesthesiology	12	502,325	347,033	32,443
Cardiology	9	800,000	418,054	-
Chiropractic	9	64,500	261,447	-
Dentistry	9	42,180	13,509	6,896
All/ Unknown	89	5,778,255	1,953,484	15,471
Total	295	\$ 16,537,463	\$ 7,248,105	\$ 54,810



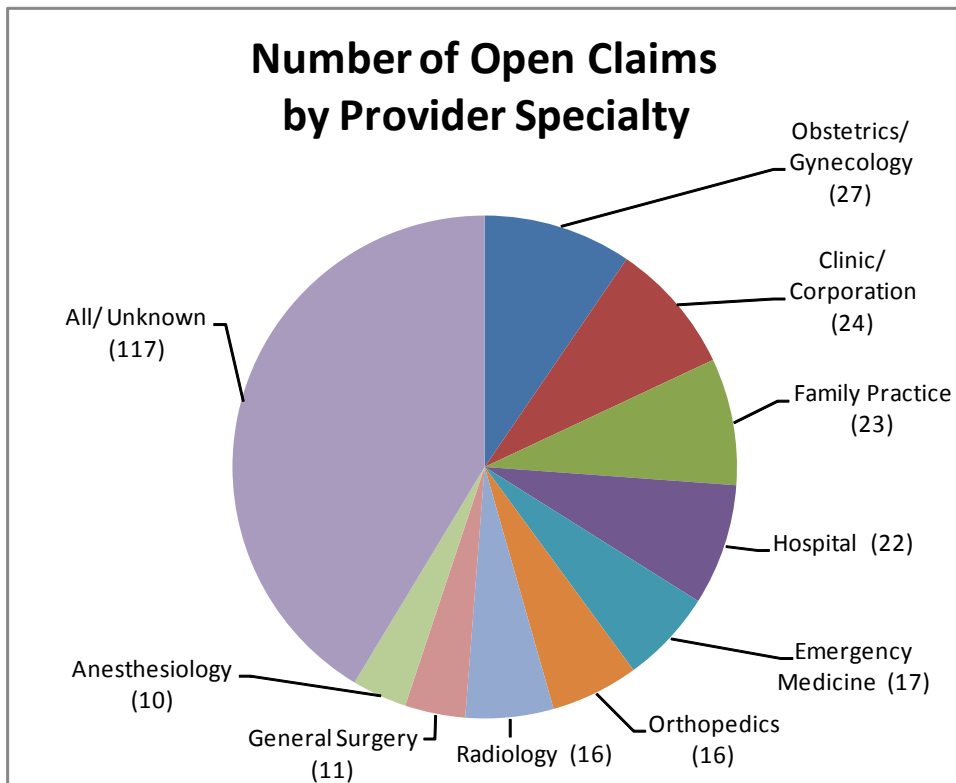
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2015 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Hospital	27	\$ 9,369	\$ 23,424	\$ -
General Surgery	22	42,182	13,201	-
Obstetrics/ Gynecology	21	42,769	27,352	-
Clinic/ Corporation	21	-	17,225	-
Orthopedics	16	17,188	12,491	-
Radiology	13	230,769	34,761	-
Anesthesiology	12	41,860	28,919	2,704
Cardiology	9	88,889	46,450	-
Chiropractic	9	7,167	29,050	-
Dentistry	9	4,687	1,501	766
All/ Unknown	89	64,924	21,949	174
Total	295	\$ 56,059	\$ 24,570	\$ 186



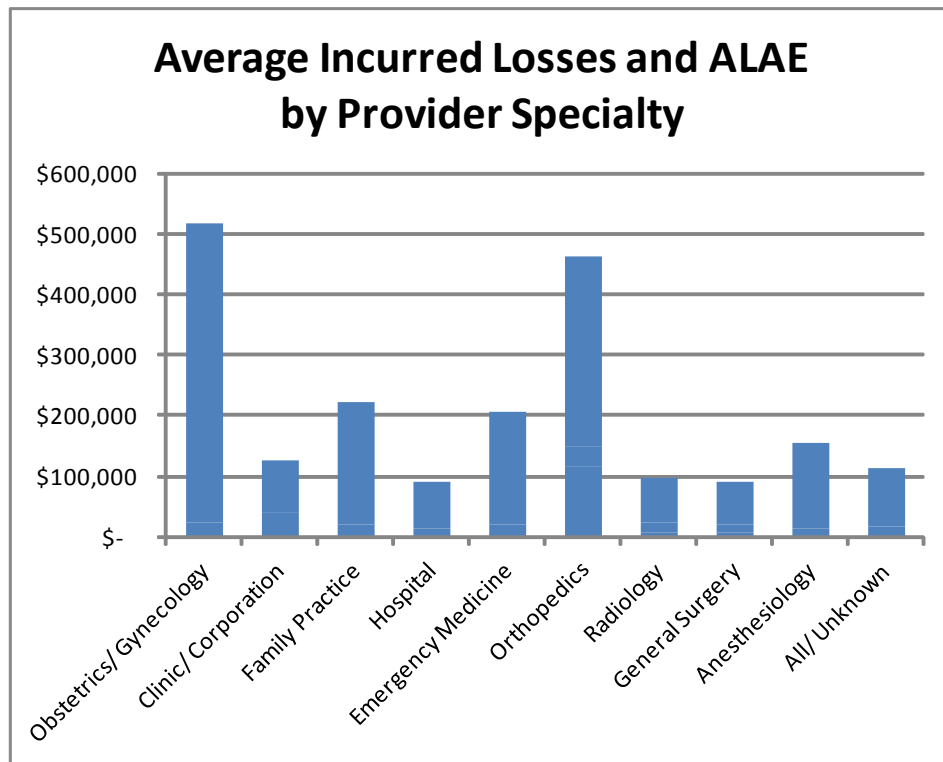
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2015 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but Not Disposed
Obstetrics/ Gynecology	27	\$ -	\$ 656,965	\$ 13,336,548
Clinic/ Corporation	24	-	980,684	2,055,000
Family Practice	23	-	484,892	4,588,979
Hospital	22	-	285,519	1,725,000
Emergency Medicine	17	-	324,747	3,180,750
Orthopedics	16	1,870,047	493,951	5,026,653
Radiology	16	125,000	252,551	1,177,500
General Surgery	11	68,809	155,492	786,691
Anesthesiology	10	-	139,598	1,406,376
All/ Unknown	117	29,657	1,994,604	11,233,794
Total	323	\$ 2,693,513	\$ 7,094,358	\$ 47,602,795



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2015 - 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
Obstetrics/ Gynecology	27	\$ -	\$ 24,332	\$ 493,946
Clinic/ Corporation	24	-	40,862	85,625
Family Practice	23	-	21,082	199,521
Hospital	22	-	12,978	78,409
Emergency Medicine	17	-	19,103	187,103
Orthopedics	16	116,878	30,872	314,166
Radiology	16	7,813	15,784	73,594
General Surgery	11	6,255	14,136	71,517
Anesthesiology	10	-	13,960	140,638
All/ Unknown	117	253	17,048	96,015
Total	323	\$ 8,339	\$ 21,964	\$ 147,377



Aggregate Claim Reports by Nature of Claim

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

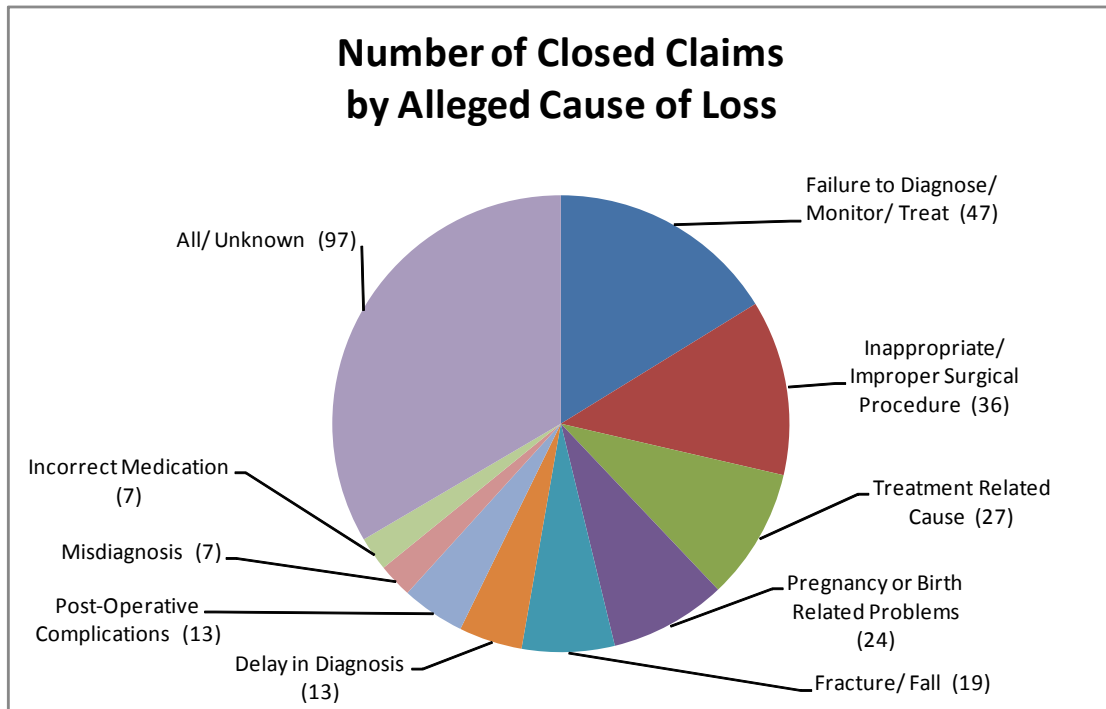
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

Failure to Diagnose/ Monitor/ Treat produced the most closed claims and had on average the costliest claims at about \$114,000.

The most open claims were also from Failure to Diagnose/ Monitor/ Treat. The claims with the highest average incurred losses and allocated loss adjustment expenses were Pregnancy or Birth Related Problems, with about \$551,000 in average incurred losses.

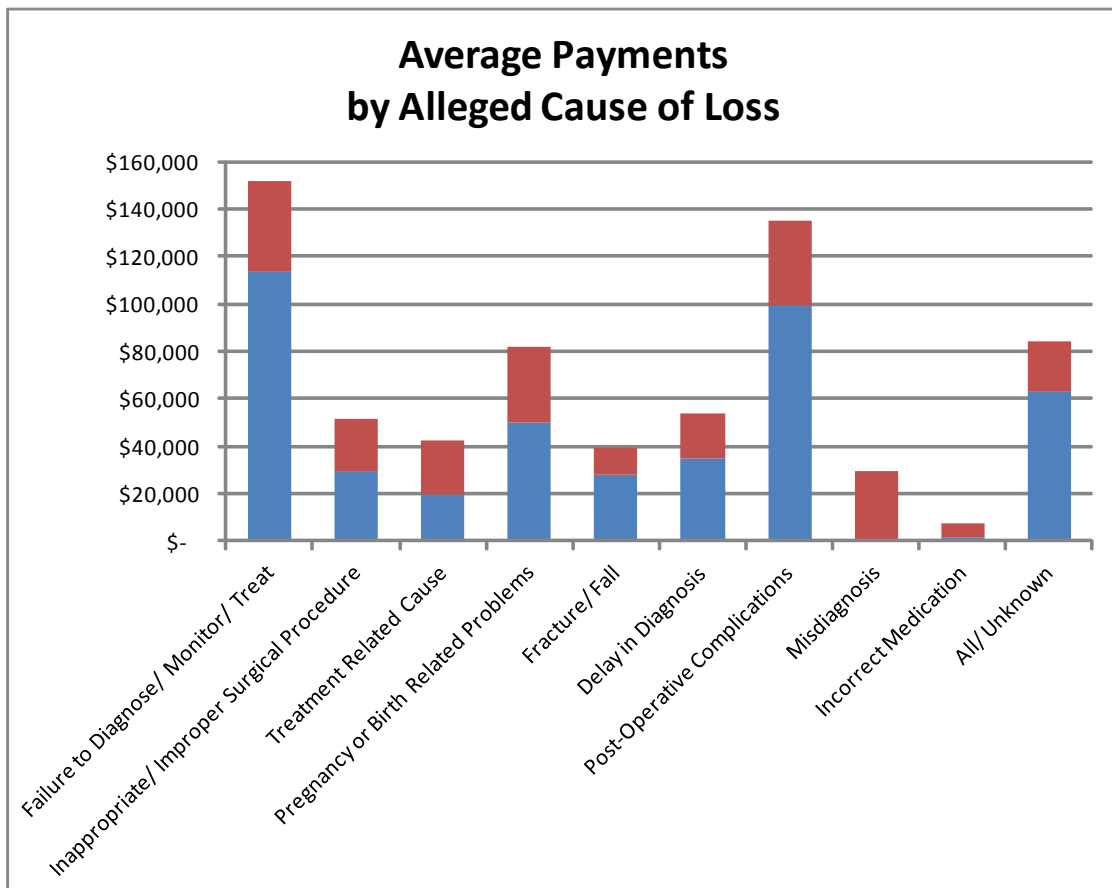
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2015 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Failure to Diagnose/ Monitor/ Treat	47	\$ 5,350,000	\$ 1,794,218	\$ 9,512
Inappropriate/ Improper Surgical Procedure	36	1,055,456	789,262	680
Treatment Related Cause	27	535,972	617,646	3,322
Pregnancy or Birth Related Problems	24	1,198,150	772,054	-
Fracture/ Fall	19	537,185	205,316	-
Delay in Diagnosis	13	457,500	238,432	1,957
Post-Operative Complications	13	1,290,000	461,906	39,339
Misdiagnosis	7	-	209,266	-
Incorrect Medication	7	12,000	40,226	-
All/ Unknown	97	6,101,200	2,061,523	-
Total	295	\$ 16,537,463	\$ 7,248,105	\$ 54,810



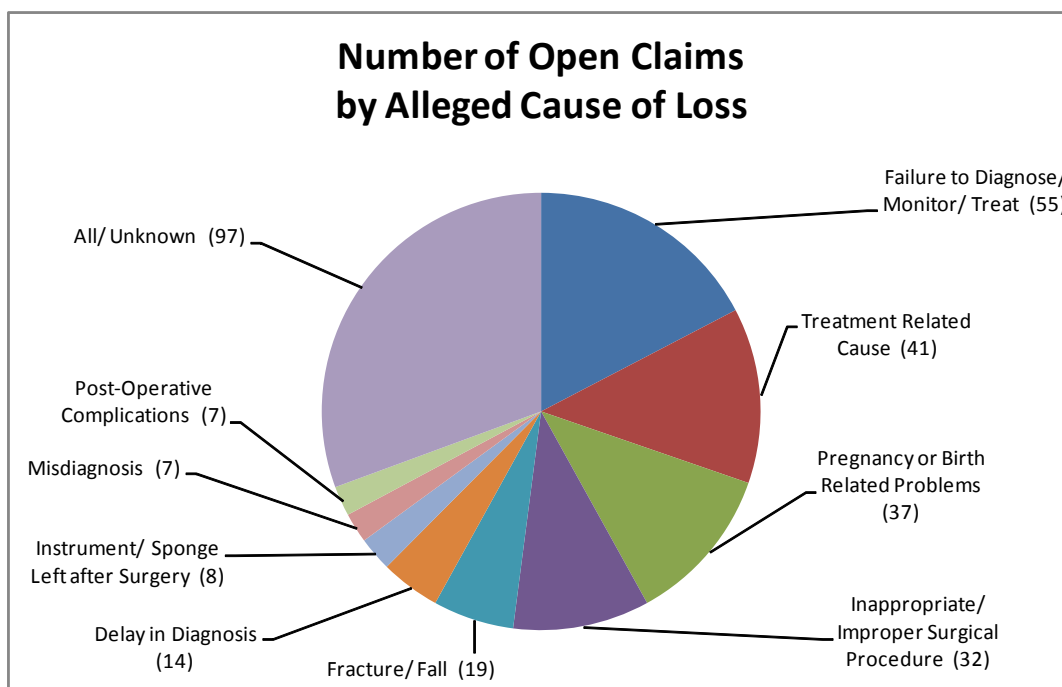
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2015 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Failure to Diagnose/ Monitor/ Treat	47	\$ 113,830	\$ 38,175	\$ 202
Inappropriate/ Improper Surgical Procedure	36	29,318	21,924	19
Treatment Related Cause	27	19,851	22,876	123
Pregnancy or Birth Related Problems	24	49,923	32,169	-
Fracture/ Fall	19	28,273	10,806	-
Delay in Diagnosis	13	35,192	18,341	151
Post-Operative Complications	13	99,231	35,531	3,026
Misdiagnosis	7	-	29,895	-
Incorrect Medication	7	1,714	5,747	-
All/ Unknown	97	62,899	21,253	-
Total	295	\$ 56,059	\$ 24,570	\$ 186



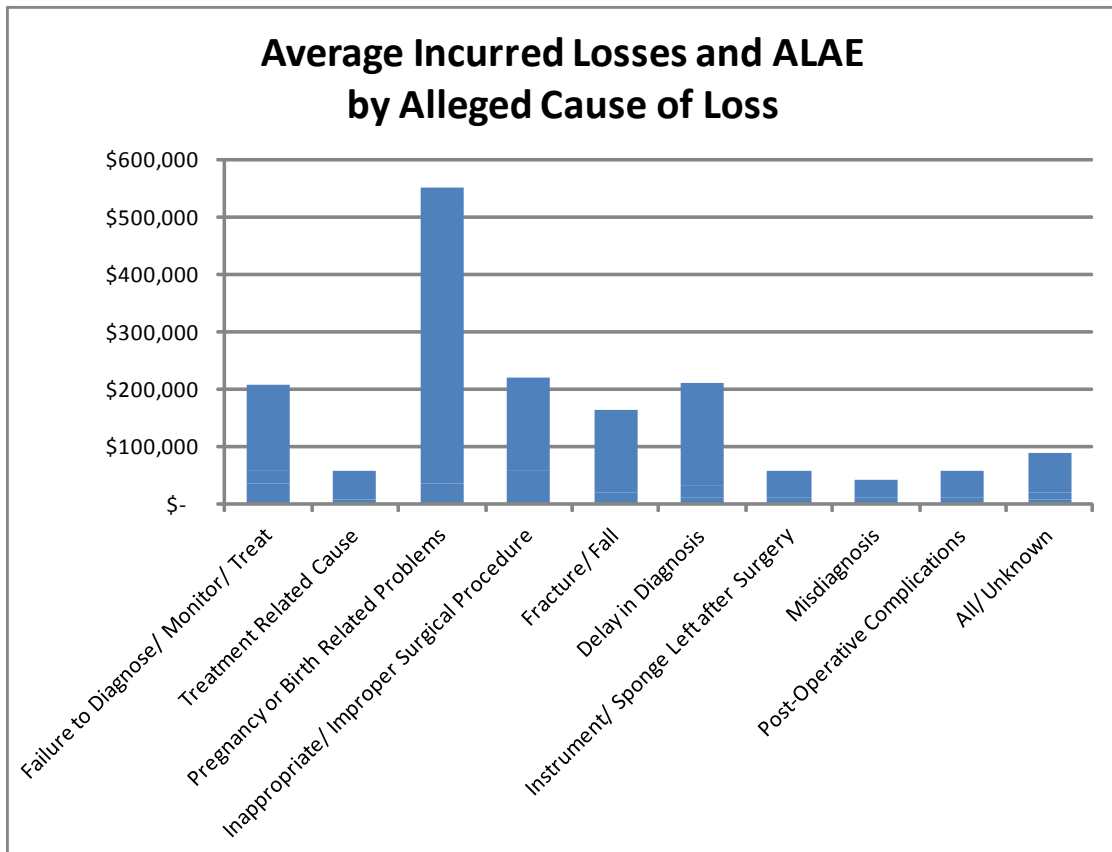
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2015 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but Not Disposed
Failure to Diagnose/ Monitor/ Treat	55	\$ 1,885,271	\$ 1,272,048	\$ 8,201,219
Treatment Related Cause	41	-	346,902	1,978,481
Pregnancy or Birth Related Problems	37	-	1,342,971	19,054,002
Inappropriate/ Improper Surgical Procedure	32	-	1,859,591	5,146,162
Fracture/ Fall	19	-	398,674	2,689,548
Delay in Diagnosis	14	125,000	338,044	2,469,601
Instrument/ Sponge Left after Surgery	8	-	91,966	356,250
Misdiagnosis	7	-	62,784	219,500
Post-Operative Complications	7	-	71,432	335,001
All/ Unknown	97	683,242	1,174,728	6,846,030
Total	323	\$ 2,693,513	\$ 7,094,358	\$ 47,602,795



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2015 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but Not Disposed
Failure to Diagnose/ Monitor/ Treat	55	\$ 34,278	\$ 23,128	\$ 149,113
Treatment Related Cause	41	-	8,461	48,256
Pregnancy or Birth Related Problems	37	-	36,297	514,973
Inappropriate/ Improper Surgical Procedure	32	-	58,112	160,818
Fracture/ Fall	19	-	20,983	141,555
Delay in Diagnosis	14	8,929	24,146	176,400
Instrument/ Sponge Left after Surgery	8	-	11,496	44,531
Misdiagnosis	7	-	8,969	31,357
Post-Operative Complications	7	-	10,205	47,857
All/ Unknown	97	7,044	12,111	70,578
Total	323	\$ 8,339	\$ 21,964	\$ 147,377



Aggregate Claim Reports by Substance of Claim

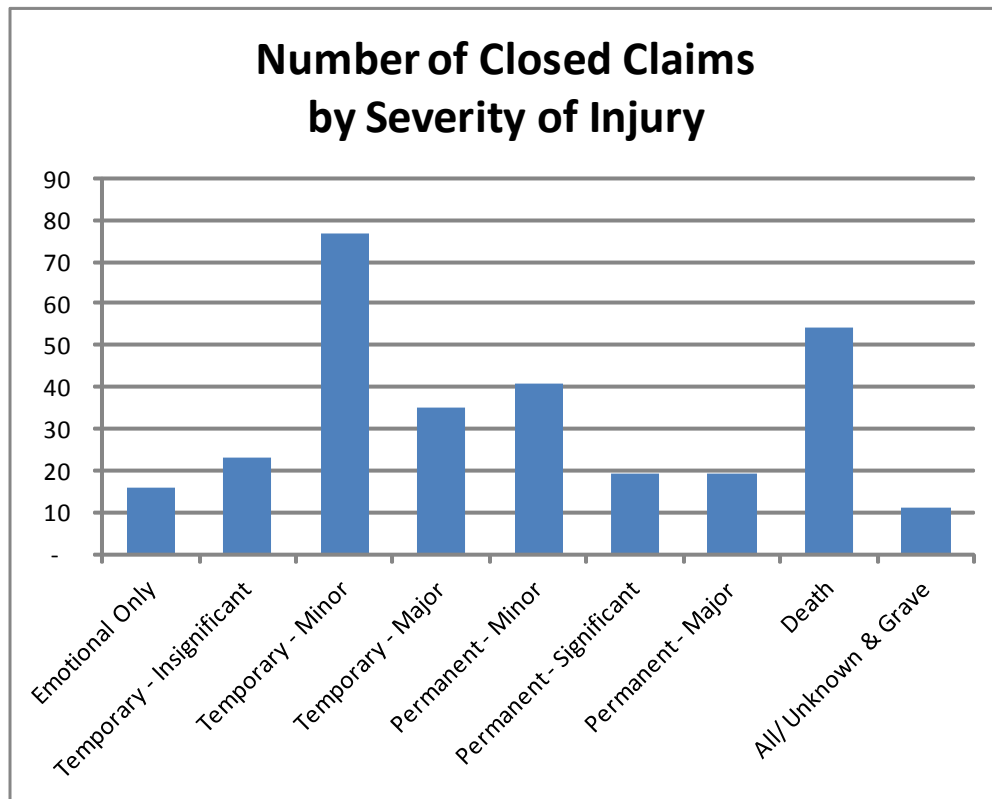
Companies were asked to classify each claim by the following severity of injury types.

- 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 All/ Unknown or Grave. For open claims also, most were Temporary - Minor claims, with the highest average incurred losses and allocated loss adjustment expenses being for All/ Unknown or Grave claims. Average paid losses and expenses by category ranged from about \$12,000 to about \$366,000 for closed claims. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$26,000 to about \$726,000 for open claims.

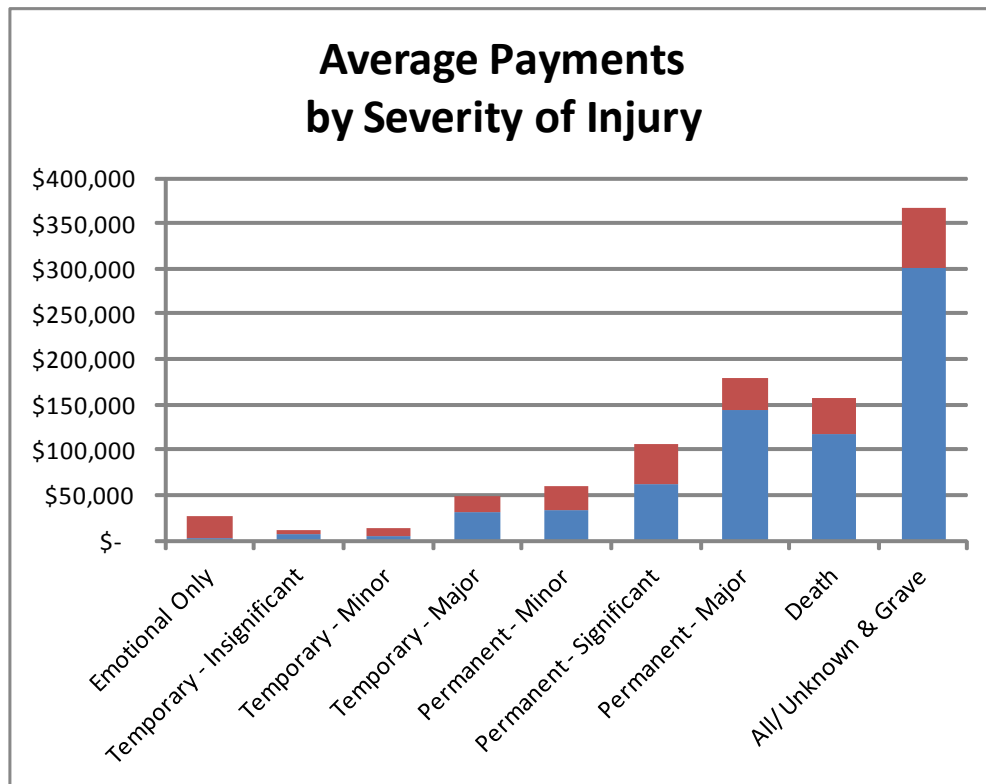
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2015 - By Severity of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	16	\$ 22,000	\$ 394,584	\$ 1,189
Temporary - Insignificant	23	157,963	117,106	680
Temporary - Minor	77	320,872	732,607	12,175
Temporary - Major	35	1,077,456	616,909	-
Permanent - Minor	41	1,366,250	1,123,729	-
Permanent - Significant	19	1,170,000	830,307	-
Permanent - Major	19	2,750,000	649,295	32,443
Death	54	6,370,597	2,054,829	8,323
All/ Unknown & Grave	11	3,302,325	728,739	-
Total	295	\$ 16,537,463	\$ 7,248,105	\$ 54,810



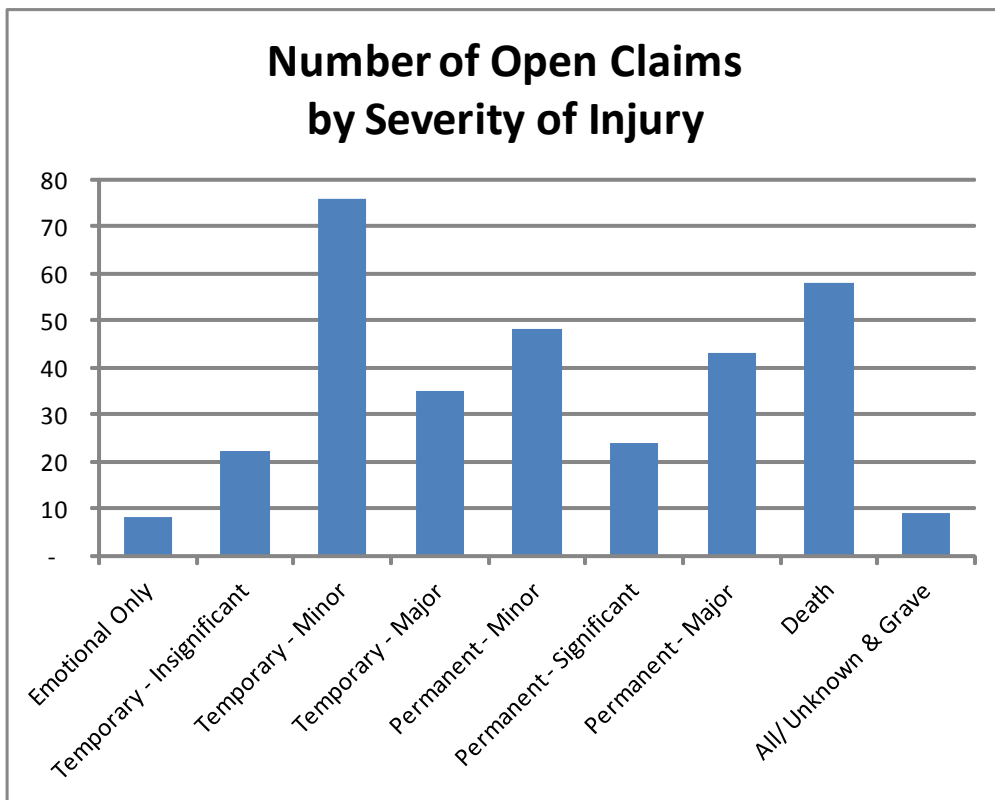
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2015 - By Severity of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	16	\$ 1,375	\$ 24,662	\$ 74
Temporary - Insignificant	23	6,868	5,092	30
Temporary - Minor	77	4,167	9,514	158
Temporary - Major	35	30,784	17,626	-
Permanent - Minor	41	33,323	27,408	-
Permanent - Significant	19	61,579	43,700	-
Permanent - Major	19	144,737	34,173	1,708
Death	54	117,974	38,052	154
All/ Unknown & Grave	11	300,211	66,249	-
Total	295	\$ 56,059	\$ 24,570	\$ 186



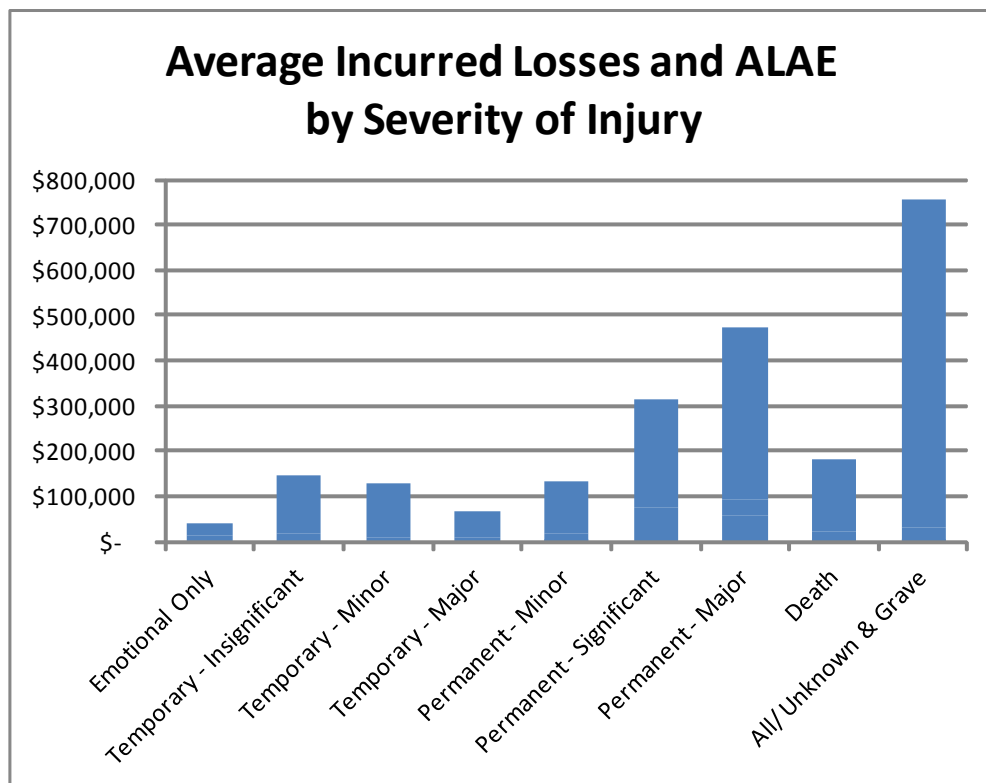
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2015 - By Severity of Claim**

Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but Not Disposed
Emotional Only	8	\$ -	\$ 112,489	\$ 97,500
Temporary - Insignificant	22	-	388,422	2,416,645
Temporary - Minor	76	-	682,788	8,374,980
Temporary - Major	35	-	350,767	1,651,877
Permanent - Minor	48	68,809	841,663	4,649,862
Permanent - Significant	24	-	1,765,028	4,060,663
Permanent - Major	43	2,470,047	1,451,933	12,444,493
Death	58	139,433	1,235,105	7,656,550
All/ Unknown & Grave	9	15,224	266,163	6,250,225
Total	323	\$ 2,693,513	\$ 7,094,358	\$ 47,602,795



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2015 - By Severity 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
Emotional Only	8	\$ -	\$ 14,061	\$ 12,188
Temporary - Insignificant	22	-	17,656	109,848
Temporary - Minor	76	-	8,984	110,197
Temporary - Major	35	-	10,022	47,196
Permanent - Minor	48	1,434	17,535	96,872
Permanent - Significant	24	-	73,543	169,194
Permanent - Major	43	57,443	33,766	289,407
Death	58	2,404	21,295	132,009
All/ Unknown & Grave	9	1,692	29,574	694,469
Total	323	\$ 8,339	\$ 21,964	\$ 147,377



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
AMCO Insurance Company
Cincinnati Insurance Company, The
COPIC Insurance Company
ISMIE Mutual Insurance Company
Pharmacists Mutual Insurance Company
Podiatry Insurance Company of America

Companies Grouped for Open Claim Report

Ace American Insurance Company
Allied World Insurance Companies
AMCO Insurance Company
Capson Physician's Insurance Company
Church Mutual Insurance Company
Cincinnati Insurance Company, The
ISMIE Mutual Insurance Company
Podiatry Insurance Company of America

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Specialty
Calendar Year 2015**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	Dentistry	7	\$ 42,180	\$ 10,133	\$ 6,896
	Bariatric	7	1,045,472	135,276	47,914
Medical Protective Company, The					
	Clinic/ Corporation	5	-	133,471	-
	All/ Unknown	10	538,000	293,135	-
MHA Insurance Company					
	Hospital	13	252,956	422,428	-
	All/ Unknown	5	87,500	45,543	-
MMIC Insurance, Inc.					
	Anesthesiology	8	2,325	242,207	-
	Cardiology	5	-	54,795	-
	Family Practice	6	1,280,000	299,534	-
	General Surgery	7	40,000	97,413	-
	Neurology	5	825,000	339,331	-
	Obstetrics/ Gynecology	17	898,150	453,354	-
	Ophthalmology	5	18,750	52,467	-
	Orthopedics	10	-	94,728	-
	Radiology	12	3,000,000	445,565	-
	Bariatric	61	4,952,500	1,449,738	-
	All/ Unknown	14	192,900	521,688	-
National Union Fire Insurance Company of Pittsburg, PA					
	All/ Unknown	22	972,000	466,085	-
NCMIC Insurance Company					
	Orthopedics	5	275,000	105,019	-
	All/ Unknown	14	547,500	591,770	-
ProAssurance Insurance Companies					
	General Surgery	6	-	99,433	-
	Hospital	11	-	201,342	-
	Clinic/ Corporation	9	-	178,538	-
	All/ Unknown	16	510,000	179,127	-
Grouped Companies					
	Podiatry	5	235,000	177,723	-
	All/ Unknown	10	822,230	158,262	-
Total		295	\$ 16,537,463	\$ 7,248,105	\$ 54,810

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Specialty
Calendar Year 2015**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE Paid	Reserve for Incurred and Reported but not Disposed
C N A Insurance Companies					
	Dentistry	8	\$ -	\$ 51,987	\$ 276,002
	All/ Unknown	7	-	34,852	550,002
Medical Protective Company, The					
	Obstetrics/ Gynecology	5	-	96,315	2,403,500
	Clinic/ Corporation	6	-	275,023	28,500
	All/ Unknown	9	-	144,715	743,500
MHA Insurance Company					
	Hospital	15	-	238,763	985,000
	All/ Unknown	8	-	209,417	1,140,000
MMIC Insurance, Inc.					
	Anesthesiology	8	-	98,283	1,404,375
	Emergency Medicine	14	-	194,690	2,180,750
	Family Practice	13	-	226,829	3,245,000
	General Surgery	7	68,809	78,075	436,691
	Neurology	7	600,000	168,582	522,500
	Obstetrics/ Gynecology	8	-	194,520	4,076,250
	Orthopedics	7	-	89,430	977,000
	Radiology	13	125,000	228,544	952,500
	Bariatric	74	-	851,944	5,529,750
	All/ Unknown	19	-	129,537	1,235,000
National Union Fire Insurance Company of Pittsburg, PA					
	All/ Unknown	14	1,885,271	488,277	3,763,964
NCMIC Insurance Company					
	Chiropractic	5	-	136,115	600,000
	All/ Unknown	9	-	125,934	1,185,000
ProAssurance Insurance Companies					
	Cardiology	5	-	877,901	1,225,000
	Obstetrics/ Gynecology	5	-	103,085	6,275,000
	Orthopedics	7	-	134,622	915,000
	Clinic/ Corporation	19	-	940,867	1,960,000
	All/ Unknown	17	-	699,996	2,665,000
Grouped Companies					
	All/ Unknown	14	14,433	276,055	2,327,511
Total		323	\$ 2,693,513	\$ 7,094,358	\$ 47,602,795

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Nature of Claim
Calendar Year 2015**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	Treatment Related Cause	5	\$ 270,472	\$ 3,647	\$ 3,322
	All/ Unknown	9	817,180	141,762	51,488
Medical Protective Company, The					
	Inappropriate/ Improper Surgical Procedure	6	138,000	101,614	-
	All/ Unknown	9	400,000	324,992	-
MHA Insurance Company					
	Inappropriate/ Improper Surgical Procedure	5	72,456	3,094	-
	Treatment Related Cause	5	13,000	196,856	-
	All/ Unknown	8	255,000	268,021	-
MMIC Insurance, Inc.					
	Failure to Diagnose/ Monitor/ Treat	12	3,375,000	1,043,523	-
	Delay in Diagnosis	10	57,500	173,964	-
	Inappropriate/ Improper Surgical Procedure	6	550,000	228,839	-
	Treatment Related Cause	5	145,000	173,709	-
	Pregnancy or Birth Related Problems	18	898,150	514,152	-
	Fracture/ Fall	13	205,000	65,520	-
	All/ Unknown	86	5,978,975	1,851,113	-
National Union Fire Insurance Company of Pittsburg, PA					
	Failure to Diagnose/ Monitor/ Treat	13	800,000	307,724	-
	All/ Unknown	9	172,000	158,361	-
NCMIC Insurance Company					
	Post-Operative Complications	6	775,000	334,918	-
	Treatment Related Cause	6	47,500	222,329	-
	All/ Unknown	7	-	139,542	-
ProAssurance Insurance Companies					
	Failure to Diagnose/ Monitor/ Treat	8	300,000	172,366	-
	Incorrect Medication	5	-	40,124	-
	Inappropriate/ Improper Surgical Procedure	13	120,000	288,460	-
	Post-Operative Complications	5	-	20,058	-
	All/ Unknown	11	90,000	137,432	-
Grouped Companies					
	All/ Unknown	15	1,057,230	335,985	-
Total		295	\$ 16,537,463	\$ 7,248,105	\$ 54,810

Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Nature of Claim
Calendar Year 2015

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					
	All/ Unknown	15	\$ -	\$ 86,839	\$ 826,004
Medical Protective Company, The					
	Pregnancy or Birth Related Problems	6	-	108,814	2,404,000
	All/ Unknown	14	-	407,239	771,500
MHA Insurance Company					
	Pregnancy or Birth Related Problems	6	-	265,333	1,160,000
	All/ Unknown	17	-	182,847	965,000
MMIC Insurance, Inc.					
	Failure to Diagnose/ Monitor/ Treat	24	-	443,460	2,550,000
	Delay in Diagnosis	11	125,000	220,831	2,022,500
	Instrument/ Sponge Left after Surgery	6	-	40,540	156,250
	Treatment Related Cause	15	-	54,307	373,000
	Pregnancy or Birth Related Problems	18	-	519,737	9,965,000
	Fracture/ Fall	13	-	181,808	471,250
	All/ Unknown	83	668,809	799,751	5,021,816
National Union Fire Insurance Company of Pittsburg, PA					
	Failure to Diagnose/ Monitor/ Treat	6	1,885,271	269,567	3,270,218
	All/ Unknown	8	-	218,710	493,746
NCMIC Insurance Company					
	Treatment Related Cause	7	-	143,999	705,000
	All/ Unknown	7	-	118,050	1,080,000
ProAssurance Insurance Companies					
	Failure to Diagnose/ Monitor/ Treat	12	-	374,855	2,010,000
	Inappropriate/ Improper Surgical Procedure	17	-	1,456,725	3,175,000
	All/ Unknown	24	-	924,891	7,855,000
Grouped Companies					
	All/ Unknown	14	14,433	276,055	2,327,511
Total		323	\$ 2,693,513	\$ 7,094,358	\$ 47,602,795

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Substance of Claim
Calendar Year 2015**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
C N A Insurance Companies					
	Temporary - Minor	5	\$ 260,472	\$ 26,392	\$ 12,175
	All/ Unknown	9	827,180	119,017	42,635
Medical Protective Company, The					
	Temporary - Major	8	-	175,326	-
	All/ Unknown	7	538,000	251,280	-
MHA Insurance Company					
	Temporary - Minor	6	13,000	81,616	-
	Death	5	180,000	358,029	-
	All/ Unknown	7	147,456	28,326	-
MMIC Insurance, Inc.					
	Emotional Only	7	-	274,323	-
	Temporary - Minor	42	32,900	332,011	-
	Temporary - Major	12	200,000	190,042	-
	Permanent - Minor	25	936,250	743,923	-
	Permanent - Significant	5	275,000	179,190	-
	Permanent - Major	15	2,250,000	537,155	-
	Grave	7	3,000,000	728,739	-
	Death	32	4,513,150	1,056,049	-
	All/ Unknown	5	2,325	9,388	-
National Union Fire Insurance Company of Pittsburg, PA					
	Temporary - Minor	5	-	48,619	-
	Death	5	600,000	83,971	-
	All/ Unknown	12	372,000	333,495	-
NCMIC Insurance Company					
	Temporary - Major	5	40,000	108,668	-
	All/ Unknown	14	782,500	588,121	-
ProAssurance Insurance Companies					
	Temporary - Insignificant	13	125,000	32,387	-
	Temporary - Minor	9	-	210,057	-
	Permanent - Significant	5	-	98,927	-
	Death	5	385,000	148,074	-
	All/ Unknown	10	-	168,995	-
Grouped Companies					
	Temporary - Minor	6	12,000	11,504	-
	All/ Unknown	9	1,045,230	324,481	-
Total		295	\$ 16,537,463	\$ 7,248,105	\$ 54,810

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Substance of Claim
Calendar Year 2015**

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	5	\$ -	\$ 16,716	\$ 160,002
	All/ Unknown	10	-	70,123	666,002
Medical Protective Company, The					
	Temporary - Major	5	-	16,609	65,000
	Permanent - Major	5	-	334,315	2,002,000
	All/ Unknown	10	-	165,129	1,108,500
MHA Insurance Company					
	Temporary - Major	6	-	50,468	205,000
	Permanent - Minor	5	-	135,770	825,000
	All/ Unknown	12	-	261,942	1,095,000
MMIC Insurance, Inc.					
	Emotional Only	6	-	81,116	62,500
	Temporary - Minor	43	-	257,170	597,500
	Temporary - Major	14	-	38,569	746,875
	Permanent - Minor	26	68,809	436,709	2,421,191
	Permanent - Significant	8	-	200,435	1,105,000
	Permanent - Major	30	600,000	423,005	5,962,500
	Grave	6	-	263,268	6,235,000
	Death	37	125,000	560,162	3,429,250
National Union Fire Insurance Company of Pittsburg, PA					
	All/ Unknown	14	1,885,271	488,277	3,763,964
NCMIC Insurance Company					
	Temporary - Major	5	-	127,331	260,000
	All/ Unknown	9	-	134,718	1,525,000
ProAssurance Insurance Companies					
	Temporary - Insignificant	12	-	267,349	1,850,000
	Temporary - Minor	19	-	343,671	6,965,000
	Permanent - Minor	7	-	169,082	775,000
	Death	7	-	374,611	2,050,000
	All/ Unknown	8	-	1,601,758	1,400,000
Grouped Companies					
	Temporary - Insignificant	5	-	104,357	406,643
	All/ Unknown	9	14,433	171,698	1,920,868
Total		323	\$ 2,693,513	\$ 7,094,358	\$ 47,602,795

TERRY E. BRANSTAD
GOVERNOR

NICK GERHART
COMMISSIONER OF INSURANCE

KIM REYNOLDS
LT. GOVERNOR

DATE: March 4, 2016
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, 2015 through December 31, 2015.

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

DUE DATE: June 1, 2016

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, 2016.

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, 2015 through December 31, 2015. Also provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits open as of December 31, 2015.
 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, 2015, report this only within the open claims report.
 9. If a claim was reopened and then closed within the period from January 1, 2015 through December 31, 2015, 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, 2016.
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, 2015.

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	18	Inappropriate Procedure
9	Unnecessary Surgical Procedure		
10	Instrument/Sponge Left after Surgery		
<input type="checkbox"/> Other/Unknown: _____			

- (col. O)** 15. Severity of Injury:
- | | |
|---|---|
| 1 | Emotional Only (e.g. fright, no physical damage) |
| 2 | Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay) |
| 3 | Temporary - Minor (e.g. infections, fracture, fall in hospital; recovery delayed) |
| 4 | Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed) |
| 5 | Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |
| 6 | Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung) |
| 7 | Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage) |
| 8 | Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis) |
| 9 | Death |
| | Other/Unknown (e.g. injury was not a part of the list above, data was not captured or maintained) |

Claim Disposition

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

Claim Payments

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

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

Medical Malpractice Insurance Open Claim Report

Policy

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

Defendant

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

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

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

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

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

Claim

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

Injured Person

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

Alleged Injury

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

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

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

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

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

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