

Iowa
Medical Malpractice Annual Report
For Calendar Year 2017

December 2018
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
Average Benefits and Expenses.....	17
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 2017 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, 2017, through December 31, 2017, were asked to provide specific data for claims closed during that period and separately for those remaining open at the end of the year.

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

The report provides a snapshot of Iowa's medical malpractice insurance market. Average payments of benefits plus allocated loss adjustment expenses (ALAE) were about \$140,000 for closed claims. The average incurred losses and allocated loss adjustment expenses were about \$150,000 for all open claims.

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

For both open and closed claims, Failure to Diagnose /Monitor/Treat produced more claims than any other listed alleged cause of loss. The costliest closed claims were for claims categorized as Pregnancy or Birth Related Problems. The costliest open claims were from Side Effect of Medication.

The categories with the most claims based on Severity of Loss were Temporary - Minor for closed claims and Death for open claims. On average, for closed claims, those categorized as Grave and Death were the costliest. Average paid losses and expenses by category ranged from about \$14,000 to about \$650,000 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 \$30,000 to about \$475,000 for open claims.

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

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

Recommendations

Since the Medical Malpractice Report was first produced for calendar year 2006, no revisions to the law have been implemented. Companies have been providing their data in a consistent manner throughout the years. The Division has not identified any immediate changes needed in the Medical Malpractice insurance marketplace from the data compiled in this report.

Introduction

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2017.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2017 were asked to provide data separately for any claims that closed during the year and for any claims that were open at the end of the year.

Data Request

The Division requested that companies submit data for each *claim* or *lawsuit*.

Claims were defined as formal or written demands for compensation under a medical malpractice insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

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

Only direct business was to be included in the report. Adjustments for subrogation were to be made. Claims were to be reported separately for each insured associated with a claim; for each injured party associated with an incident; for each claimant that filed a claim for the same injury; and for each policy if filed under more than one policy. Reopened claims were to be reported considering only their final disposition date.

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

Companies

Licensed insurers who wrote medical malpractice insurance in Iowa during 2017 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 67.6% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2017 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 2017. They comprise 61.6% of the 2017 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. Four 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 2013	Calendar Year 2014	Calendar Year 2015	Calendar Year 2016	Calendar Year 2017
MMIC Insurance, Inc.	41.8%	40.3%	41.0%	39.0%	36.5%
ProAssurance Insurance Companies	7.8%	6.6%	8.1%	6.7%	7.0%
Medical Protective Company, The	3.1%	3.6%	4.3%	4.1%	4.5%
Proselect Ins Co (MHA Insurance Company)	2.9%	3.2%	2.7%	2.9%	3.2%
NCMIC Insurance Company	4.1%	4.0%	3.9%	3.7%	2.7%
C N A Insurance Companies	2.3%	2.4%	2.3%	2.2%	2.2%
COPIC	0.1%	0.1%	0.1%	0.1%	1.9%
Continental Casualty Company	0.8%	0.9%	1.0%	1.0%	1.1%
ISMIE Mutual Insurance Company	0.7%	0.9%	0.9%	1.0%	0.9%
Liberty Insurance Underwriters	0.5%	0.6%	0.6%	0.6%	0.7%
The Doctors Company	0.4%	0.5%	0.7%	0.5%	0.3%
Church Mutual Insurance Company	0.1%	0.2%	0.1%	0.2%	0.2%
National Union Fire Insurance Company of Pittsburgh,	0.5%	0.5%	0.2%	0.3%	0.2%
Hudson Insurance Company	0.0%	0.0%	0.0%	0.1%	0.1%
Cincinnati Insurance Company, The	0.7%	0.6%	0.6%	0.6%	0.0%
Preferred Professional Insurance Company	0.3%	0.3%	0.3%	0.6%	0.0%
Total Market Share for Companies with Reported Claims for 2017	66.1%	64.0%	66.0%	63.5%	61.6%

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. Twenty-five closed claims had total loss and allocated loss adjustment expenses of at least \$500,000. Nine closed claims had total loss and allocated loss adjustment expense of at least \$1,000,000, with the largest paid losses and ALAE reaching about \$3.1 million. Thirty-four open claims had incurred amounts of \$500,000 or more. Fourteen open claims had incurred loss and loss adjustment expense of at least \$1,000,000, with the largest claim reaching about \$2.1 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 2017 and earlier which either were closed in 2017 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

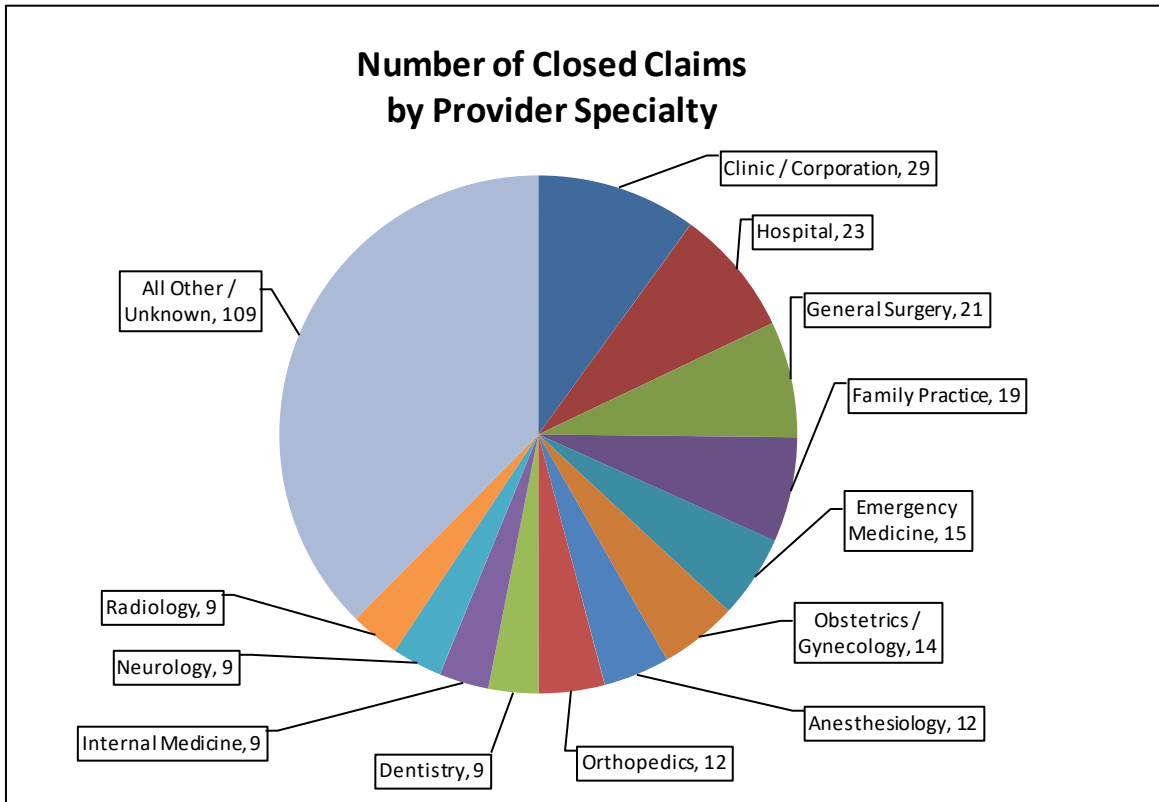
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual 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 \$140,000 for all closed claims. The average incurred losses and allocated loss adjustment expenses were about \$150,000 for all open claims. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2017, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2017, 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, Clinic/Corporation had the highest number of claims followed by Family Practice. Obstetrics/Gynecology had the highest average benefits and allocated loss adjustment expenses paid for closed claims. For open claims, Anesthesiology had the highest average incurred losses and allocated loss adjustment expenses.

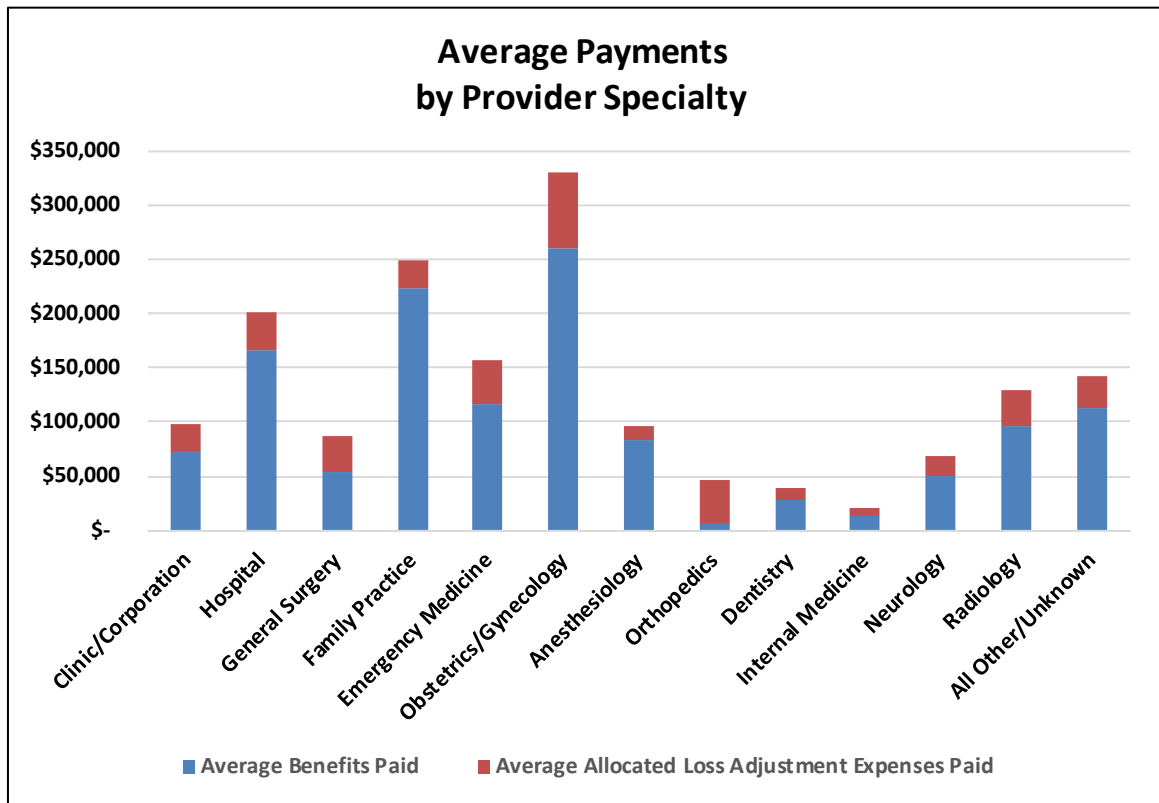
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2017 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Clinic/Corporation	29	\$ 2,102,599	\$ 769,549	\$ -
Hospital	23	3,845,000	789,857	-
General Surgery	21	1,125,000	708,646	-
Family Practice	19	4,230,000	512,186	69
Emergency Medicine	15	1,755,000	604,181	-
Obstetrics/Gynecology	14	3,640,000	975,876	-
Anesthesiology	12	999,891	155,378	3,536
Orthopedics	12	75,000	492,692	-
Dentistry	9	255,000	104,359	7,523
Internal Medicine	9	115,000	74,070	-
Neurology	9	450,000	175,773	-
Radiology	9	862,500	306,600	-
All Other/Unknown	109	12,336,876	3,268,950	25,847
Total	290	\$ 31,791,866	\$ 8,938,118	\$ 36,975



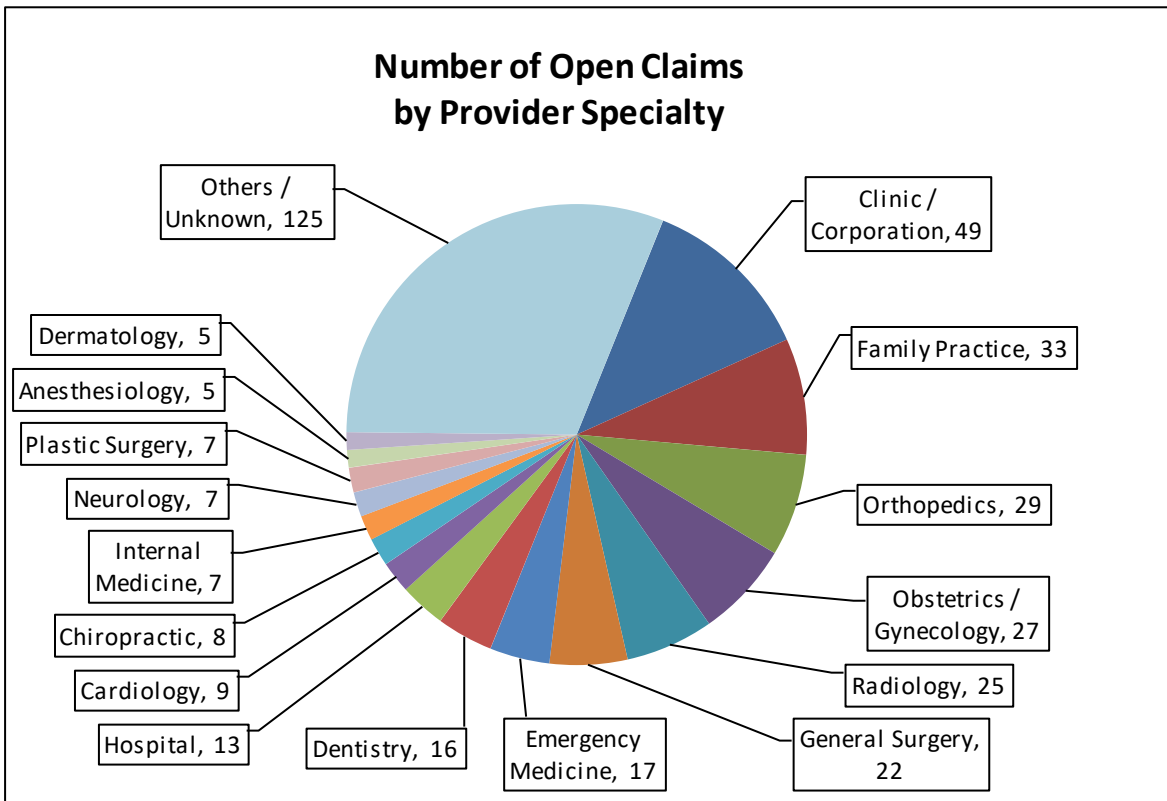
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2017 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Clinic/Corporation	29	\$ 72,503	\$ 26,536	\$ -
Hospital	23	167,174	34,342	-
General Surgery	21	53,571	33,745	-
Family Practice	19	222,632	26,957	4
Emergency Medicine	15	117,000	40,279	-
Obstetrics/Gynecology	14	260,000	69,705	-
Anesthesiology	12	83,324	12,948	295
Orthopedics	12	6,250	41,058	-
Dentistry	9	28,333	11,595	836
Internal Medicine	9	12,778	8,230	-
Neurology	9	50,000	19,530	-
Radiology	9	95,833	34,067	-
All Other/Unknown	109	113,182	29,990	237
Total	290	\$ 109,627	\$ 30,821	\$ 128



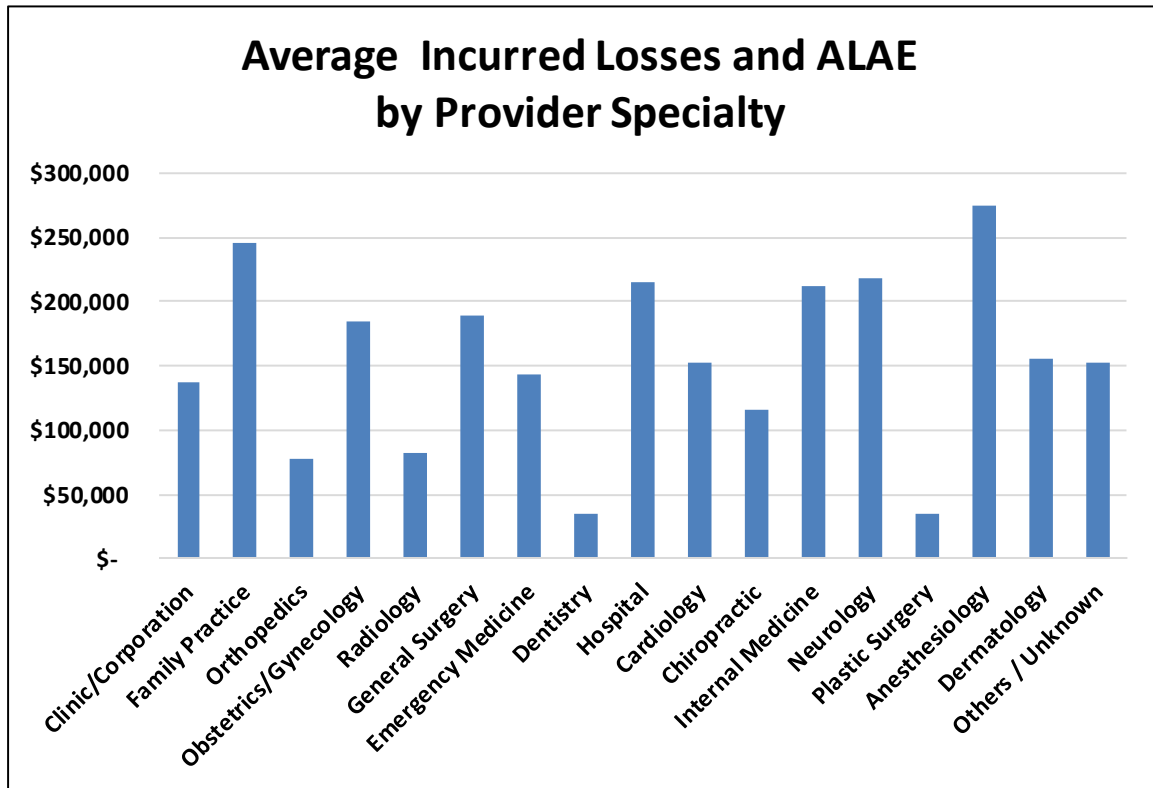
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2017 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Clinic/Corporation	49	\$ -	\$ 1,545,577	\$ 5,155,001
Family Practice	33	247,500	906,729	6,945,648
Orthopedics	29	-	534,174	1,738,500
Obstetrics/Gynecology	27	-	633,204	4,331,184
Radiology	25	-	219,788	1,818,377
General Surgery	22	750,000	179,750	3,232,796
Emergency Medicine	17	-	369,688	2,071,362
Dentistry	16	-	32,242	514,510
Hospital	13	700,000	84,487	2,020,002
Cardiology	9	-	689,681	683,552
Chiropractic	8	-	316,919	610,000
Internal Medicine	7	-	263,243	1,220,750
Neurology	7	-	126,558	1,400,000
Plastic Surgery	7	-	69,844	174,000
Anesthesiology	5	-	173,753	1,198,125
Dermatology	5	-	33,612	740,500
Others/Unknown	125	71,041	2,440,101	16,540,111
Total	404	\$ 1,768,541	\$ 8,619,348	\$ 50,394,418



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2017 - 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
Clinic/Corporation	49	\$ -	\$ 31,542	\$ 105,204
Family Practice	33	7,500	27,477	210,474
Orthopedics	29	-	18,420	59,948
Obstetrics/Gynecology	27	-	23,452	160,414
Radiology	25	-	8,792	72,735
General Surgery	22	34,091	8,170	146,945
Emergency Medicine	17	-	21,746	121,845
Dentistry	16	-	2,015	32,157
Hospital	13	53,846	6,499	155,385
Cardiology	9	-	76,631	75,950
Chiropractic	8	-	39,615	76,250
Internal Medicine	7	-	37,606	174,393
Neurology	7	-	18,080	200,000
Plastic Surgery	7	-	9,978	24,857
Anesthesiology	5	-	34,751	239,625
Dermatology	5	-	6,722	148,100
Others / Unknown	125	568	19,521	132,321
Total	404	\$ 96,005	\$ 391,017	\$ 2,136,604



Aggregate Claim Reports by Nature of Claim

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

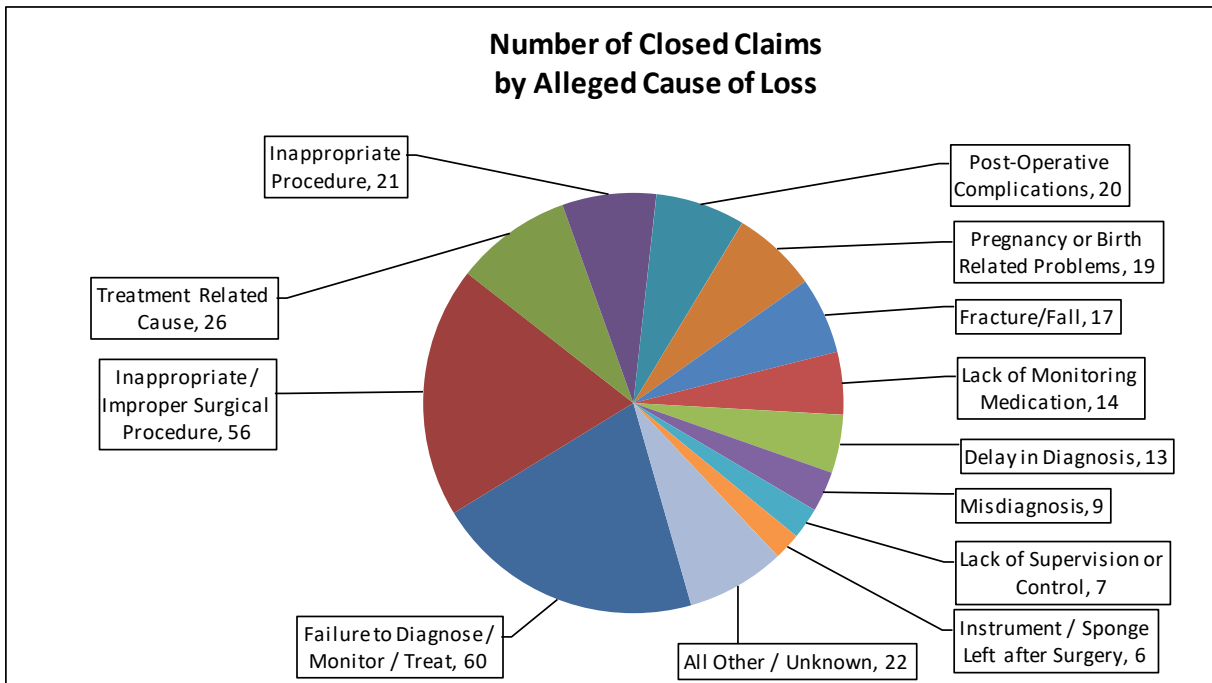
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

Failure to Diagnose/Monitor/Treat produced the most claims while Pregnancy or Birth Related Problems had on average the costliest claims at about \$780,000 for closed claims.

The most open claims were also from Failure to Diagnose/Monitor/Treat. The claims with the highest average incurred losses and allocated loss adjustment expenses were from Side Effect of Medication, with about \$229,000 in average incurred losses.

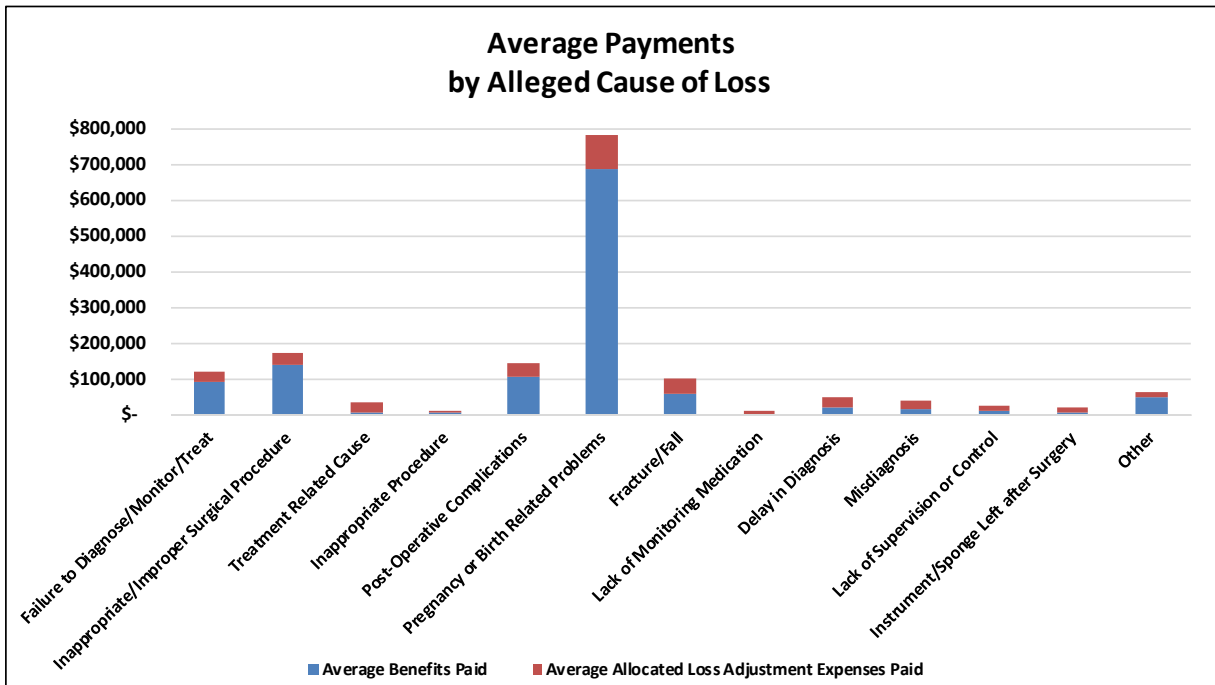
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2017 - By Nature of Claim**

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	60	\$ 5,507,500	\$ 1,747,553	\$ 28,636
Inappropriate/Improper Surgical Procedure	56	7,999,218	1,773,305	-
Treatment Related Cause	26	165,001	758,489	2,805
Inappropriate Procedure	21	123,286	150,952	-
Post-Operative Complications	20	2,190,000	723,041	-
Pregnancy or Birth Related Problems	19	13,050,000	1,830,198	-
Fracture/Fall	17	987,107	730,149	1,998
Lack of Monitoring Medication	14	54,638	126,702	3,536
Delay in Diagnosis	13	300,000	377,619	-
Misdiagnosis	9	175,000	179,418	-
Lack of Supervision or Control	7	75,000	95,163	-
Instrument/Sponge Left after Surgery	6	60,000	81,371	-
All Other/Unknown	22	1,105,116	364,156	-
Total	290	\$ 31,791,866	\$ 8,938,118	\$ 36,975



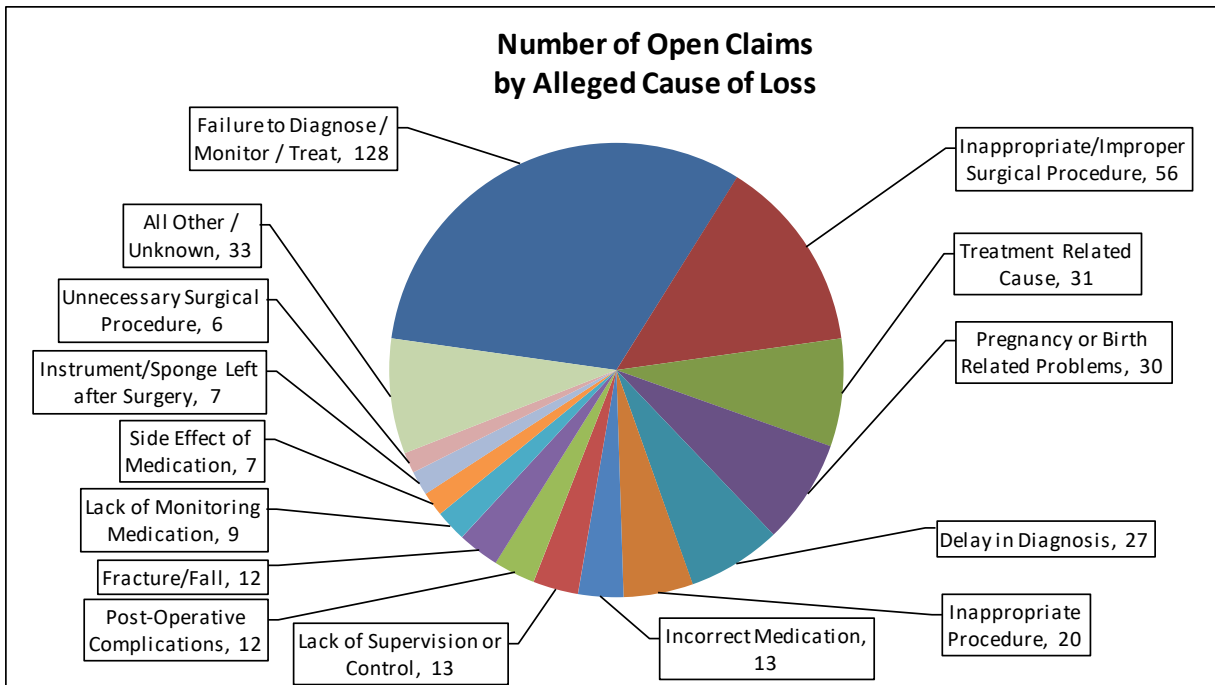
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2017 - By Nature of Claim**

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	60	\$ 91,792	\$ 29,126	\$ 477
Inappropriate/Improper Surgical Procedure	56	142,843	31,666	-
Treatment Related Cause	26	6,346	29,173	108
Inappropriate Procedure	21	5,871	7,188	-
Post-Operative Complications	20	109,500	36,152	-
Pregnancy or Birth Related Problems	19	686,842	96,326	-
Fracture/Fall	17	58,065	42,950	118
Lack of Monitoring Medication	14	3,903	9,050	253
Delay in Diagnosis	13	23,077	29,048	-
Misdiagnosis	9	19,444	19,935	-
Lack of Supervision or Control	7	10,714	13,595	-
Instrument/Sponge Left after Surgery	6	10,000	13,562	-
Other	22	50,233	16,553	-
Total	290	\$ 109,627	\$ 30,821	\$ 128



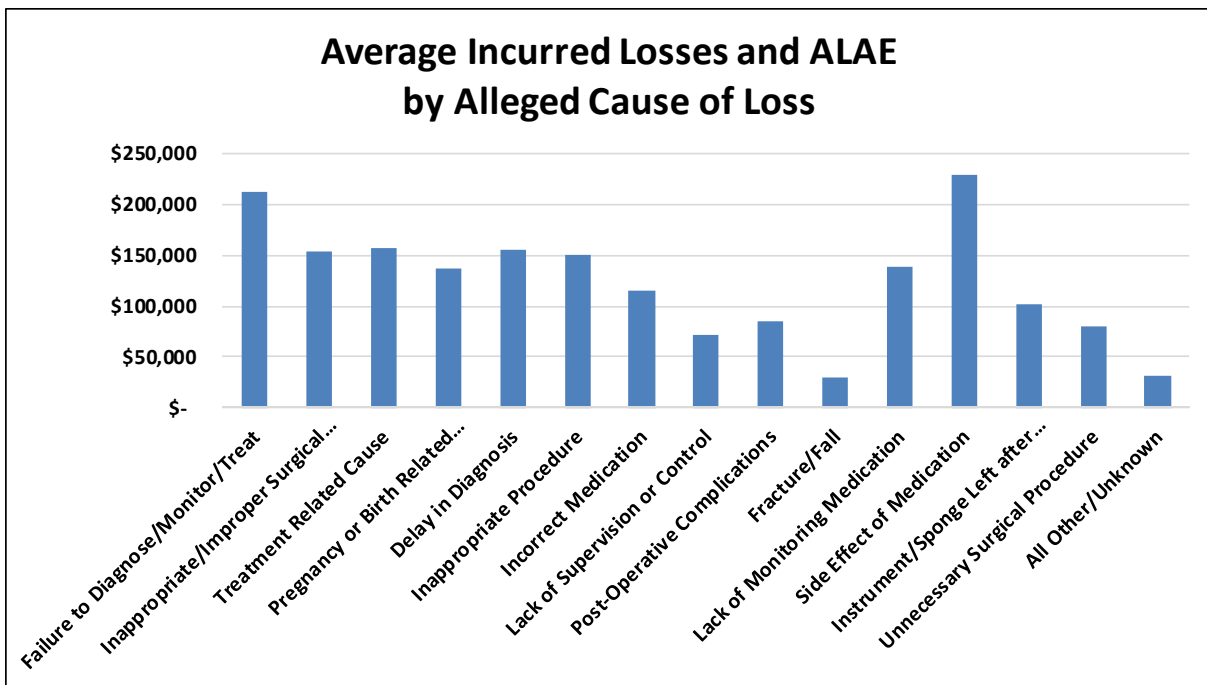
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2017 - By Nature of Claim**

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	128	\$ 247,500	\$ 3,385,342	\$ 23,462,194
Inappropriate/Improper Surgical Procedure	56	1,450,000	1,312,049	5,823,047
Treatment Related Cause	31	-	484,573	4,405,758
Pregnancy or Birth Related Problems	30	-	770,200	3,355,000
Delay in Diagnosis	27	-	482,912	3,726,000
Inappropriate Procedure	20	16,400	449,927	2,524,700
Incorrect Medication	13	-	650,574	855,000
Lack of Supervision or Control	13	-	152,338	780,501
Post-Operative Complications	12	-	86,057	933,552
Fracture/Fall	12	-	164,900	190,000
Lack of Monitoring Medication	9	-	202,733	1,045,000
Side Effect of Medication	7	-	162,259	1,441,455
Instrument/Sponge Left after Surgery	7	-	52,038	657,000
Unnecessary Surgical Procedure	6	-	59,482	425,000
All Other/Unknown	33	54,641	203,965	770,211
Total	404	\$ 1,768,541	\$ 8,619,348	\$ 50,394,418



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2017 - 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	128	\$ 1,934	\$ 26,448	\$ 183,298
Inappropriate/Improper Surgical Procedure	56	25,893	23,429	103,983
Treatment Related Cause	31	-	15,631	142,121
Pregnancy or Birth Related Problems	30	-	25,673	111,833
Delay in Diagnosis	27	-	17,886	138,000
Inappropriate Procedure	20	820	22,496	126,235
Incorrect Medication	13	-	50,044	65,769
Lack of Supervision or Control	13	-	11,718	60,039
Post-Operative Complications	12	-	7,171	77,796
Fracture/Fall	12	-	13,742	15,833
Lack of Monitoring Medication	9	-	22,526	116,111
Side Effect of Medication	7	-	23,180	205,922
Instrument/Sponge Left after Surgery	7	-	7,434	93,857
Unnecessary Surgical Procedure	6	-	9,914	70,833
All Other/Unknown	33	1,656	6,181	23,340
Total	404	\$ 30,302	\$ 283,474	\$ 1,534,972



Aggregate Claim Reports by Substance of Claim

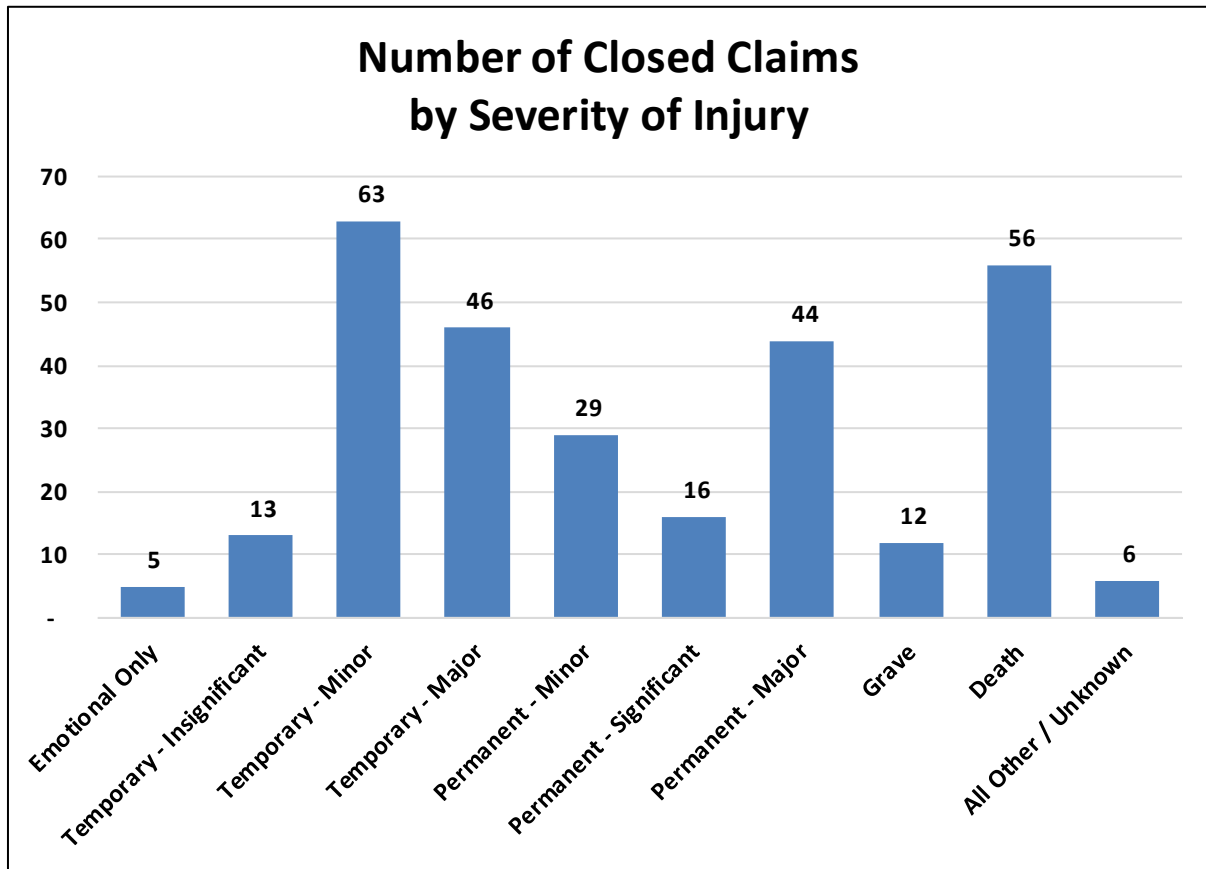
Companies were asked to classify each claim by the following severity of injury types.

- 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 Grave and Death. For open claims, most were Death claims, with the highest average incurred losses and allocated loss adjustment expenses being for Grave claims. Average paid losses and expenses by category ranged from about \$14,000 to about \$650,000 for closed claims. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$30,000 to about \$475,000 for open claims.

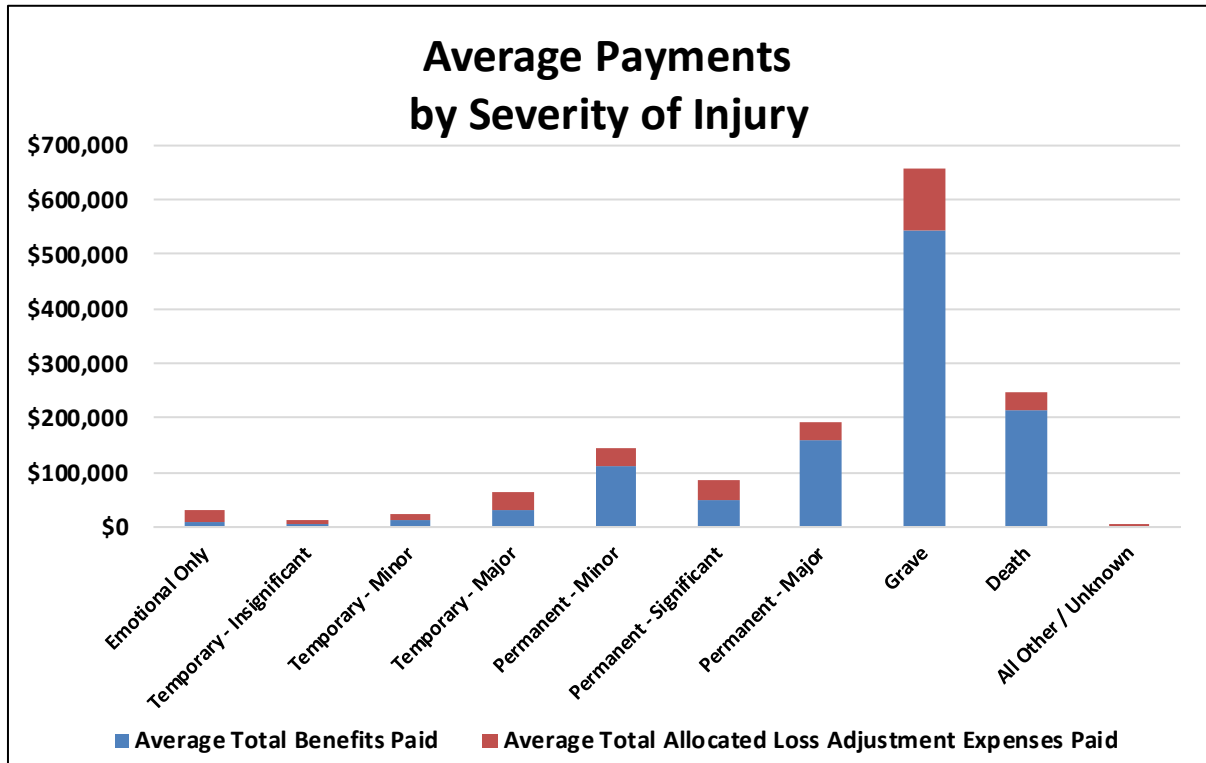
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2017 - By Severity of Claim**

Severity of Injury	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Emotional Only	5	\$ 40,000	\$ 115,638	\$ 2,736
Temporary - Insignificant	13	69,566	108,279	-
Temporary - Minor	63	738,694	858,629	3,536
Temporary - Major	46	1,374,500	1,551,658	-
Permanent - Minor	29	3,191,616	1,051,690	30,634
Permanent - Significant	16	785,000	574,232	69
Permanent - Major	44	6,992,500	1,533,038	-
Grave	12	6,525,000	1,345,751	-
Death	56	12,074,990	1,794,564	-
All Other / Unknown	6	-	4,638	-
Total	290	\$ 31,791,866	\$ 8,938,118	\$ 36,975



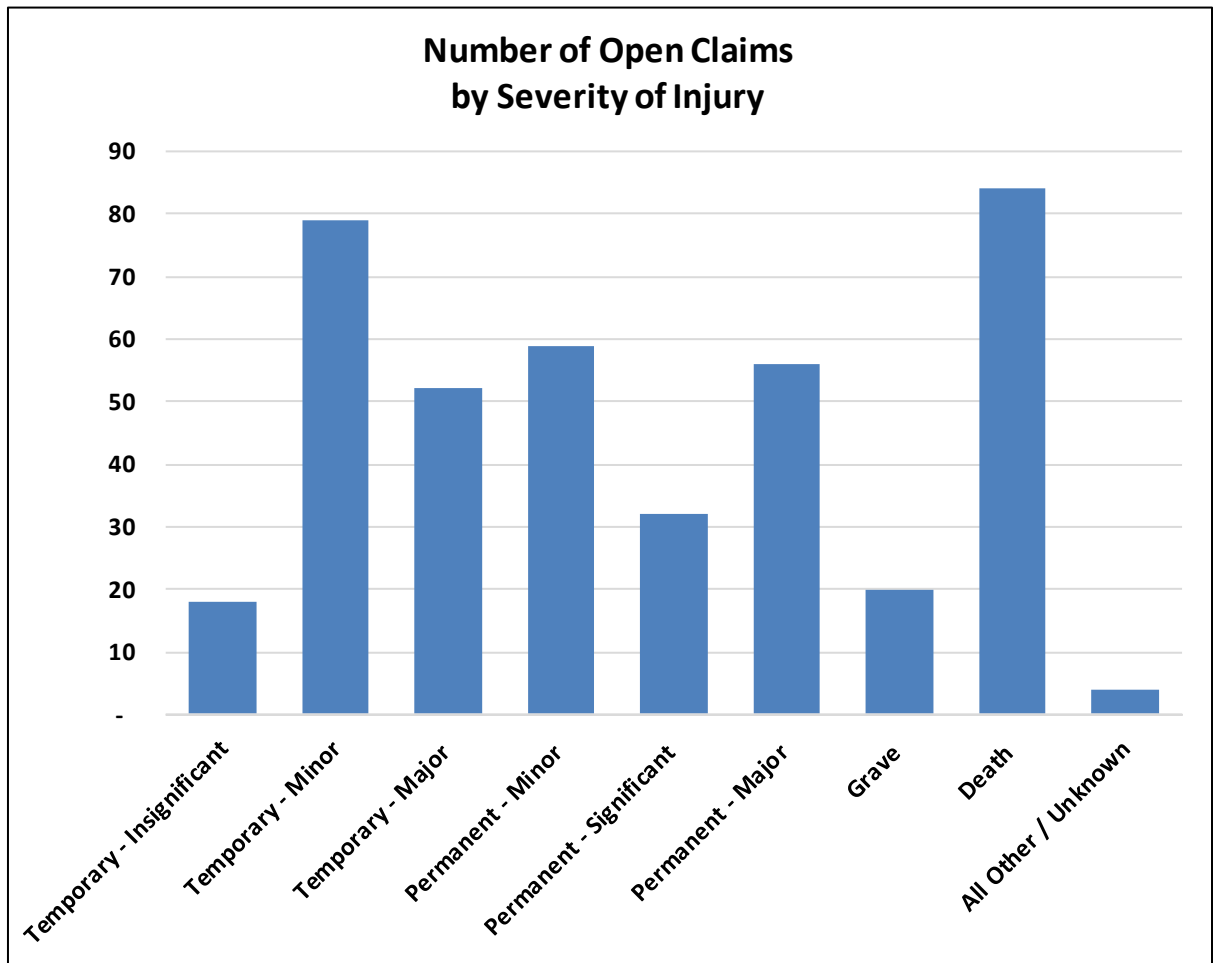
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2017- By Severity of Claim**

Severity of Injury	Number of Claims	Average Total Benefits Paid	Average Total Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Emotional Only	5	\$ 8,000	\$ 23,128	\$ 547
Temporary - Insignificant	13	5,351	8,329	-
Temporary - Minor	63	11,725	13,629	56
Temporary - Major	46	29,880	33,732	-
Permanent - Minor	29	110,056	36,265	1,056
Permanent - Significant	16	49,063	35,890	4
Permanent - Major	44	158,920	34,842	-
Grave	12	543,750	112,146	-
Death	56	215,625	32,046	-
All Other / Unknown	6	-	773	-
Total	290	\$ 109,627	\$ 30,821	\$ 128



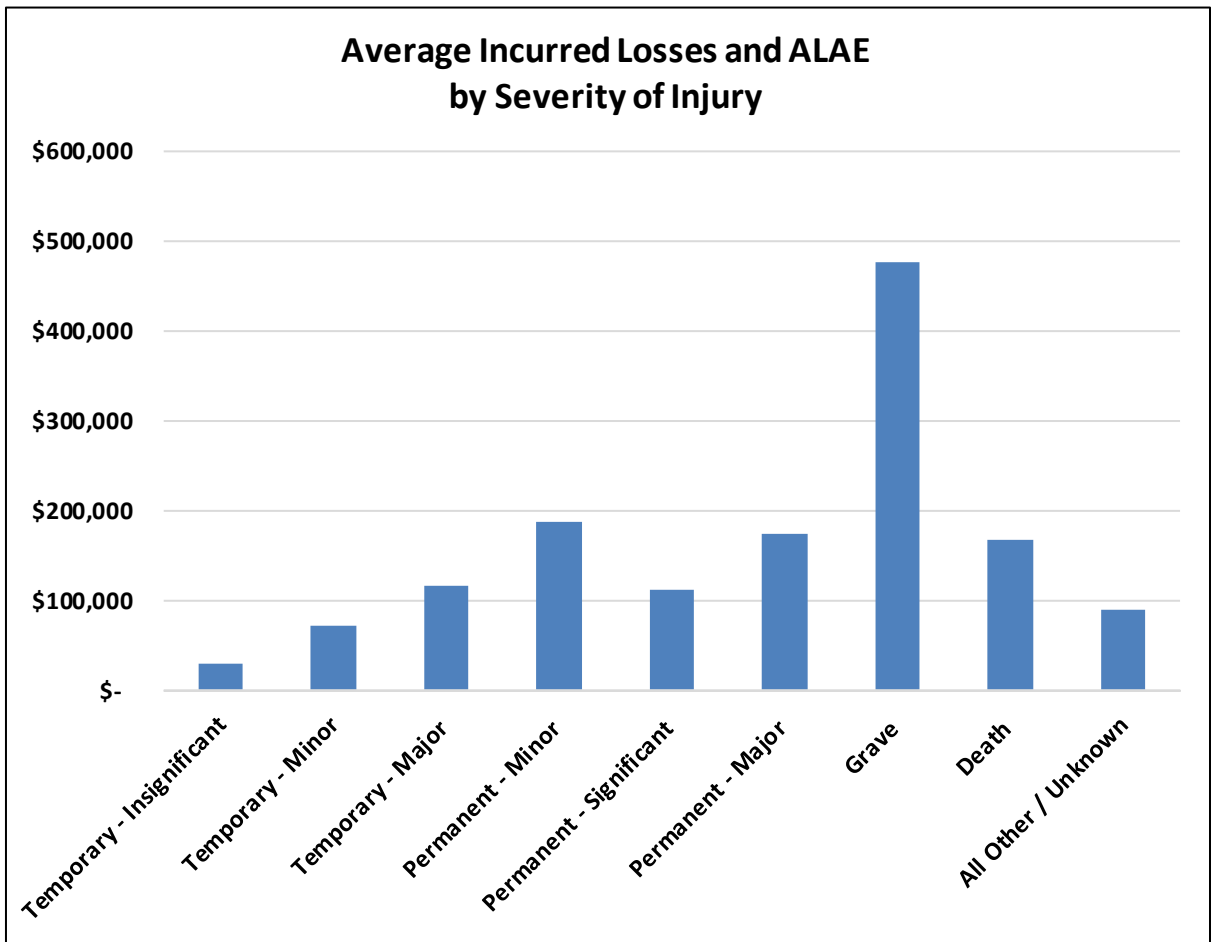
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2017 - By Severity of Claim**

Severity of Injury	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Temporary - Insignificant	18	\$ -	\$ 180,514	\$ 355,007
Temporary - Minor	79	247,500	1,167,705	4,258,551
Temporary - Major	52	1,450,000	1,377,388	3,268,625
Permanent - Minor	59	-	1,892,976	9,177,501
Permanent - Significant	32	-	631,199	2,952,200
Permanent - Major	56	-	1,411,046	8,368,185
Grave	20	16,400	572,856	8,942,000
Death	84	-	1,241,863	12,910,639
All Other / Unknown	4	54,641	143,800	161,710
Total	404	\$ 1,768,541	\$ 8,619,348	\$ 50,394,418



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2017 - By Severity of Claim**

Severity of Injury	Number of Claims	Average Total Benefits Paid	Average Total Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but not Disposed
Temporary - Insignificant	18	\$ -	\$ 10,029	\$ 19,723
Temporary - Minor	79	3,133	14,781	53,906
Temporary - Major	52	27,885	26,488	62,858
Permanent - Minor	59	-	32,084	155,551
Permanent - Significant	32	-	19,725	92,256
Permanent - Major	56	-	25,197	149,432
Grave	20	820	28,643	447,100
Death	84	-	14,784	153,698
All Other / Unknown	4	13,660	35,950	40,427
Total	404	\$ 45,498	\$ 207,681	\$ 1,174,951



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

Cincinnati Insurance Companies
Continental Casualty Company
COPIC Insurance Company
Fortress Insurance Company
Liberty Insurance Underwriters, Inc.
National Union Fire Insurance Company of Pittsburgh, PA.
The Doctors Company

Companies Grouped for Open Claim Report

Church Mutual Insurance Company
Cincinnati Insurance Companies
Continental Casualty Company
COPIC Insurance Company
Hudson Insurance Company
ISMIE Mutual Insurance Company
National Union Fire Insurance Company of Pittsburgh, PA.
Preferred Professionals Insurance Company

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Specialty
Calendar Year 2017**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
CNA Companies					
	All Other / Unknown	7	\$ 608,000	\$ 101,989	\$ 36,906
ISMIE Mutual					
	All Other / Unknown	5		46,192	
Medical Protective Insurance					
	Clinic / Corporation	14	1,952,599	305,471	
	All Other / Unknown	22	5,021,891	485,147	
MHA Insurance Company					
	Hospital	5		88,572	
	All Other / Unknown	5	175,000	159,437	
MMIC					
	Anesthesiology	7	-	91,094	
	Emergency Medicine	14	1,380,000	581,394	
	Family Practice	10	3,880,000	354,660	
	General Surgery	11	1,125,000	529,024	
	Internal Medicine	6	115,000	62,854	
	Neurology	6	450,000	167,214	
	Obstetrics/Gynecology	8	850,000	757,778	
	Ophthalmology	8		106,650	
	Orthopedics	6		224,369	
	Radiology	6	862,500	280,175	
	All Other / Unknown	71	10,647,033	2,326,084	
NCMIC Insurance					
	All Other / Unknown	9	125,501	338,416	
Preferred Pro					
	Hospital	14	3,295,000	571,806	
	Pharmacy	10		211,104	
ProAssurance					
	Clinic/Corporation	10	150,000	347,730	
	All Other / Unknown	20	1,082,500	610,904	
Grouped Companies					
	All Other / Unknown	16	71,842	190,054	69
Total		290	\$ 31,791,866	\$ 8,938,118	\$ 36,975

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Specialty
Calendar Year 2017**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
CNA Companies					
	Dentistry	8	-	400	60,010
	Others / Unknown	3	-	26,843	27,501
MHA Insurance					
	Others / Unknown	6	-	52,741	230,000
Medical Protective Insurance					
	Radiology	6	-	1,228	6,000
	Dentistry	6	-	28,723	404,500
	Clinic/Corporation	15	-	80,508	435,000
	Others / Unknown	16	-	115,801	734,000
MMIC					
	Emergency Medicine	10	-	184,138	1,759,360
	Family Practice	20	247,500	673,288	3,275,648
	General Surgery	16	-	137,589	595,000
	Neurology	7	-	126,558	1,400,000
	Obstetrics/Gynecology	21	-	294,247	2,943,500
	Orthopedics	16	-	242,087	778,500
	Radiology	11	-	134,149	942,375
	Others / Unknown	111	16,400	2,055,467	15,071,958
NCMIC Insurance					
	Chiropractic	6	-	316,919	610,000
	Clinic/Corporation	7	-	54,124	245,000
	Others / Unknown	13	-	66,898	875,000
ProAssurance Companies					
	Family Practice	9	-	170,131	2,625,000
	Hospital	9	-	78,501	1,856,002
	Clinic/Corporation	21	-	1,372,468	4,360,001
	Others / Unknown	36	-	2,049,435	8,725,005
The Doctors Company					
	Others / Unknown	9	-	97,480	1,155,000
Grouped Companies					
	Others / Unknown	22	1,504,641	259,626	1,280,058
Total		404	1,768,541	8,619,348	50,394,418

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Nature of Claim
Calendar Year 2017**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
CNA Companies					
	All Other / Unknown	7	\$ 608,000	\$ 101,989	\$ 36,906
ISMIE Mutual					
	Inappropriate/Improper Surgical Procedure	5		46,192	
Medical Protective Insurance					
	Inappropriate/Improper Surgical Procedure	16	3,369,990	210,508	
	Misdiagnosis	5	-	85,341	
	All Other / Unknown	15	3,604,500	494,769	
MHA Insurance Company					
	All Other / Unknown	10	175,000	248,010	
MMIC					
	Delay in Diagnosis	6	-	197,797	
	Failure to Diagnose/Monitor/Treat	33	4,232,500	1,201,852	
	Fracture/Fall	10	286,265	538,612	
	Inappropriate Procedure	19	80,286	121,852	
	Inappropriate/Improper Surgical Procedure	22	4,614,228	1,072,094	
	Instrument/Sponge Left after Surgery	6	60,000	81,371	
	Lack of Monitoring Medication	12	54,638	110,115	
	Post-Operative Complications	8	365,000	308,226	
	Pregnancy or Birth Related Problems	13	8,525,000	1,402,860	
	Treatment Related Cause	7	-	223,869	
	All Other / Unknown	17	1,091,616	222,648	
NCMIC Insurance					
	Treatment Related Cause	7	50,501	328,912	
	All Other / Unknown	2	75,000	9,504	
Preferred Pro					
	Failure to Diagnose/Monitor/Treat	8	450,000	140,217	
	Post-Operative Complications	6	1,750,000	281,295	
	All Other / Unknown	10	1,095,000	361,398	
ProAssurance					
	Failure to Diagnose/Monitor/Treat	13	375,000	304,887	
	Inappropriate/Improper Surgical Procedure	8	-	377,416	
	All Other / Unknown	9	857,500	276,331	
Grouped Companies					
	All Other / Unknown	16	71,842	190,054	69
Total		290	\$ 31,791,866	\$ 8,938,118	\$ 36,975

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Nature of Claim
Calendar Year 2017**

Company	Alleged Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
CNA Companies					
	Treatment Related Cause	6	-	400	60,008
	Others / Unknown	5	-	26,843	27,503
MHA Insurance					
	Others / Unknown	6	-	52,741	230,000
Medical Protective Insurance					
	Failure to Diagnose/Monitor/Treat	9	-	91,455	725,000
	Delay in Diagnosis	7	-	22,332	404,000
	Inappropriate/Improper Surgical Procedure	5	-	12196.05	20000
	Others / Unknown	22	-	100,277	430,500
MMIC					
	Failure to Diagnose/Monitor/Treat	66	247,500	1,352,039	13,016,186
	Inappropriate/Improper Surgical Procedure	24	-	303,975	2,576,250
	Delay in Diagnosis	20	-	460,580	3,322,000
	Pregnancy or Birth Related Problems	18	-	626,271	1,993,000
	Inappropriate Procedure	15	16,400	381,054	1,724,700
	Lack of Supervision or Control	11	-	152,338	778,500
	Fracture/Fall	10	-	151,272	105,000
	Incorrect Medication	7	-	19,909	80,000
	Unnecessary Surgical Procedure	6	-	59482	425000
	Post-Operative Complications	6	-	39,549	480,000
	Lack of Monitoring Medication	5	-	90,051	345,000
	Side Effect of Medication	5	-	135,895	1,289,455
	Others / Unknown	19	-	75,108	631,250
NCMIC Insurance					
	Treatment Related Cause	9	-	313,426	725,000
	Others / Unknown	17	-	124,515	1,005,000
ProAssurance Companies					
	Failure to Diagnose/Monitor/Treat	35	-	1,773,228	8,216,006
	Inappropriate/Improper Surgical Procedure	16	-	925,361	2,370,001
	Treatment Related Cause	6	-	108,862	3,525,000
	Incorrect Medication	5	-	630,665	750,000
	Others / Unknown	13	-	232,419	2,705,001
The Doctors Company					
	Failure to Diagnose/Monitor/Treat	6	-	86,608	1,105,000
	Others / Unknown	3	-	10,872	50,000
Grouped Companies					
	Others / Unknown	22	1,504,641	259,626	1,280,058
Total		404	1,768,541	8,619,348	50,394,418

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Substance of Claim
Calendar Year 2017**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
CNA Companies					
	All Other / Unknown	7	\$ 608,000	\$ 101,989	\$ 36,906
ISMIE Mutual					
	All Other / Unknown	5		46,192	
Medical Protective Insurance					
	Death	9	2,649,990	70,420	
	Temporary - Major	11	64,500	246,027	
	Temporary - Minor	6	-	12,720	
	All Other / Unknown	10	4,260,000	461,450	
MHA Insurance Company					
	Temporary - Major	8		181,784	
	All Other / Unknown	2	175,000	66,225	
MMIC					
	Temporary - Insignificant	5	5,566	2,798	
	Temporary - Minor	38	724,851	606,757	
	Temporary - Major	15	1,265,000	649,654	
	Permanent - Minor	17	1,766,616	698,129	
	Permanent - Major	35	3,817,500	1,139,470	
	Grave	11	5,525,000	1,212,479	
	Death	24	6,205,000	1,128,736	
	All Other / Unknown	8		43,273	
NCMIC Insurance					
	All Other / Unknown	9	125,501	338,416	
Preferred Pro					
	Permanent - Minor	5		88,674	
	Death	7	2,295,000	366,197	
	All Other / Unknown	12	1,000,000	328,039	
ProAssurance					
	Temporary - Minor	7	7,500	176,452	
	Death	9	925,000	182,744	
	All Other / Unknown	14	300,000	599,438	
Grouped Companies					
	All Other / Unknown	16	71,842	190,054	69
Total		290	\$ 31,791,866	\$ 8,938,118	\$ 36,975

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Substance of Claim
Calendar Year 2017**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
CNA Companies					
	Temporary - Insignificant	5	-	400	2,506
	Temporary - Minor	5	-	-	60,005
	Others / Unknown	1	-	26,843	25,000
MHA Insurance					
	Others / Unknown	6	-	52,741	230,000
Medical Protective Insurance					
	Temporary - Major	17	-	35,804	442,000
	Death	16	-	132,282	1,104,000
	Others / Unknown	10	-	58,175	33,500
MMIC					
	Permanent - Major	51	-	1,121,735	7,766,185
	Temporary - Minor	41	247,500	435,006	1,169,250
	Death	38	-	714,959	4,554,081
	Permanent - Minor	30	-	463,023	2,748,500
	Grave	20	16,400	572,856	8,942,000
	Temporary - Major	16	-	156,378	893,625
	Permanent - Significant	14	-	383,452	685,200
	Temporary - Insignificant	2	-	114	7,500
NCMIC Insurance					
	Temporary - Major	6	-	37,899	345,000
	Temporary - Insignificant	5	-	120,748	250,000
	Permanent - Significant	5	-	98,269	500,000
	Others / Unknown	10	-	181025	635000
ProAssurance Companies					
	Permanent - Minor	22	-	1,334,983	6,105,001
	Temporary - Minor	20	-	649,014	2,740,000
	Death	18	-	269,722	6,376,006
	Temporary - Major	5	-	1,090,947	1,125,000
	Others / Unknown	10	-	325869.89	1220001
The Doctors Company					
	Death	4	-	32,695	350,000
	Others / Unknown	5	-	64,785	805,000
Grouped Companies					
	Others / Unknown	22	1,504,641	259,626	1,280,058
Total		404	1,768,541	8,619,348	50,394,418



KIM REYNOLDS
GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

ADAM GREGG
LT. GOVERNOR

DATE: April 25, 2018
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, 2017 through December 31, 2017.

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

DUE DATE: **June 1, 2018**

IID CONTACT PERSON: **Tara Joseph** tara.joseph@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 Tara Joseph at medmal@iid.iowa.gov by June 1, 2018.

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, 2017 through December 31, 2017. Also provide data for all medical professional liability, medical malpractice, insurance claims and lawsuits open as of December 31, 2017.
 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, 2017, report this only within the open claims report.
 9. If a claim was reopened and then closed within the period from January 1, 2017 through December 31, 2017, 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 Tara Joseph 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, 2018.
9. If you have any questions, feel free to e-mail or call Tara Joseph at tara.joseph@iid.iowa.gov, 515-281-4019.

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, 2017.

Person Responsible for Data Call: _____

Title: _____

Date: _____

We thank you for your prompt attention to this matter!

The Iowa Insurance Division
