

Iowa
Medical Malpractice Annual Report
For Calendar Year 2018

September 2019
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 2018 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, 2018, through December 31, 2018, 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 approximately \$176,000 for closed claims. The average incurred losses and allocated loss adjustment expenses were approximately \$164,000 for all open claims.

Of the specialty providers listed, Family Practice and Obstetrics/Gynecology had the highest number of closed claims reported. Clinic/Corporation and Orthopedics had the most open claims. Emergency Medicine had the highest average benefits and ALAE paid for closed claims and Obstetrics/Gynecology had the highest average incurred losses and ALAE for open claims.

For alleged cause of loss, Failure to Diagnose/Monitor/Treat produced the highest number of claims for both open and closed claims. Failure to Diagnose/Monitor/Treat had the highest average benefits and ALAE paid for closed claims and Pregnancy or Birth-Related Problems had the highest average incurred losses and ALAE for open claims.

By severity of claim categories, Temporary – Minor had the highest number for closed claims and Death had the highest number for open claims. Death claims had the highest average benefits and ALAE paid for closed claims, while those categorized as Grave had the highest average incurred losses and ALAE for open claims. Average paid losses and ALAE by severity category ranged from approximately \$19,000 to \$644,000 for closed claims. Average incurred loss and ALAE by severity category ranged from approximately \$29,000 to \$826,000 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 2018.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2018 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 2018 were required to provide data for claims that closed during the year or that were open at the end of the year. All licensed insurers represented 64.3% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2018 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 2018. Licensed insurers that reported claims comprise 52.0% of the 2018 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. Five 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 2014	Calendar Year 2015	Calendar Year 2016	Calendar Year 2017	Calendar Year 2018
MMIC Insurance, Inc.	40.3%	41.0%	39.0%	36.5%	35.5%
ProAssurance Insurance Companies	6.5%	8.0%	6.6%	7.0%	5.3%
Medical Protective Company, The	3.6%	4.3%	4.1%	4.5%	4.6%
NCMIC Insurance Company	2.6%	2.5%	2.5%	2.7%	2.7%
C N A Insurance Companies	2.4%	2.3%	2.2%	2.2%	2.1%
Podiatry Ins Co Of Amer	0.9%	0.8%	0.7%	0.6%	0.7%
ISMIE Mutual Insurance Company	0.9%	0.9%	1.0%	0.9%	0.7%
Hudson Insurance Company	0.0%	0.0%	0.1%	0.1%	0.2%
Church Mutual Insurance Company	0.2%	0.1%	0.2%	0.2%	0.1%
National Union Fire Insurance Company of Pittsburgh, P.A.	0.4%	0.2%	0.3%	0.2%	0.0%
Continental Casualty Company	0.9%	1.0%	1.0%	1.1%	0.0%
Cincinnati Insurance Company, The	0.0%	0.0%	0.0%	0.0%	0.0%
Total Market Share for Companies with Reported Claims for 2018	58.6%	61.1%	57.7%	56.2%	52.0%

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. Twelve closed claims had total loss and allocated loss adjustment expenses of at least \$500,000. Two closed claims had total loss and allocated loss adjustment expense of at least \$1,000,000, with the largest paid losses and ALAE exceeding \$10 million. Twenty-eight open claims had incurred amounts of \$500,000 or more. Eleven open claims had incurred loss and loss adjustment expense of at least \$1,000,000, with the three largest claims exceeding \$2,000,000.

Limitations

The accuracy of this report depends on the accuracy of the data provided by the companies. The Division reviewed the data for completeness, reasonableness, consistency with other data elements, and consistency with the data request. No adjustments were made to the data other than the assigning categories to identify claims for which 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. Practices such as the timing for considering an incident an open claim or a closed 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 a 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 2018 and earlier which were either closed in 2018 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

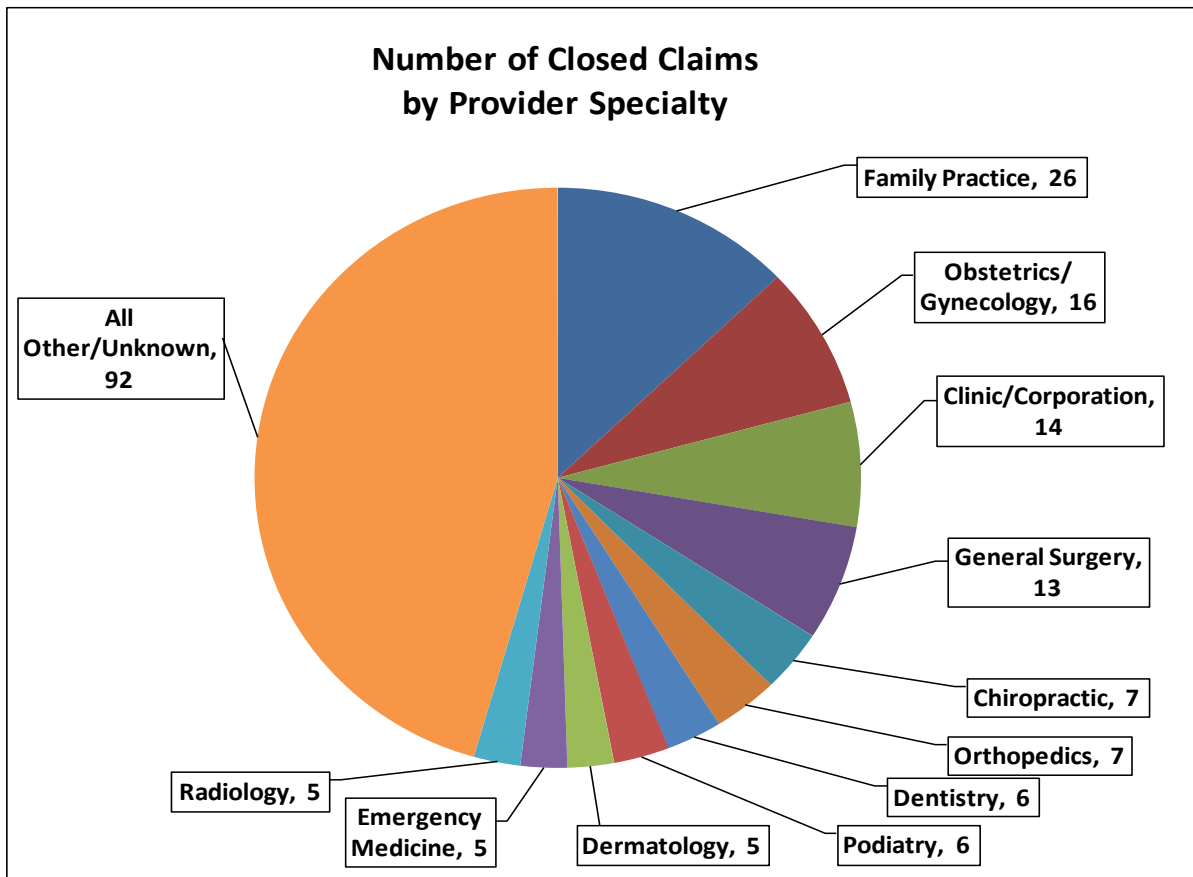
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual 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 approximately \$176,000 for all closed claims. The average incurred losses and allocated loss adjustment expenses were approximately \$164,000 for all open claims. The claims underlying these amounts are not comparable since the open claims represent all those open at the end of calendar year 2018, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2018, regardless of the date of injury or the date reported. The mix of claims by type, severity, or size, will not be the same for the open and closed reports.

Family Practice and Obstetrics/Gynecology had the highest number of closed claims reported. Clinic/Corporation and Orthopedics had the highest number of open claims. Emergency Medicine had the highest average benefits and allocated loss adjustment expenses paid for closed claims. Obstetrics/Gynecology had the highest average incurred losses and allocated loss adjustment expenses for open claims.

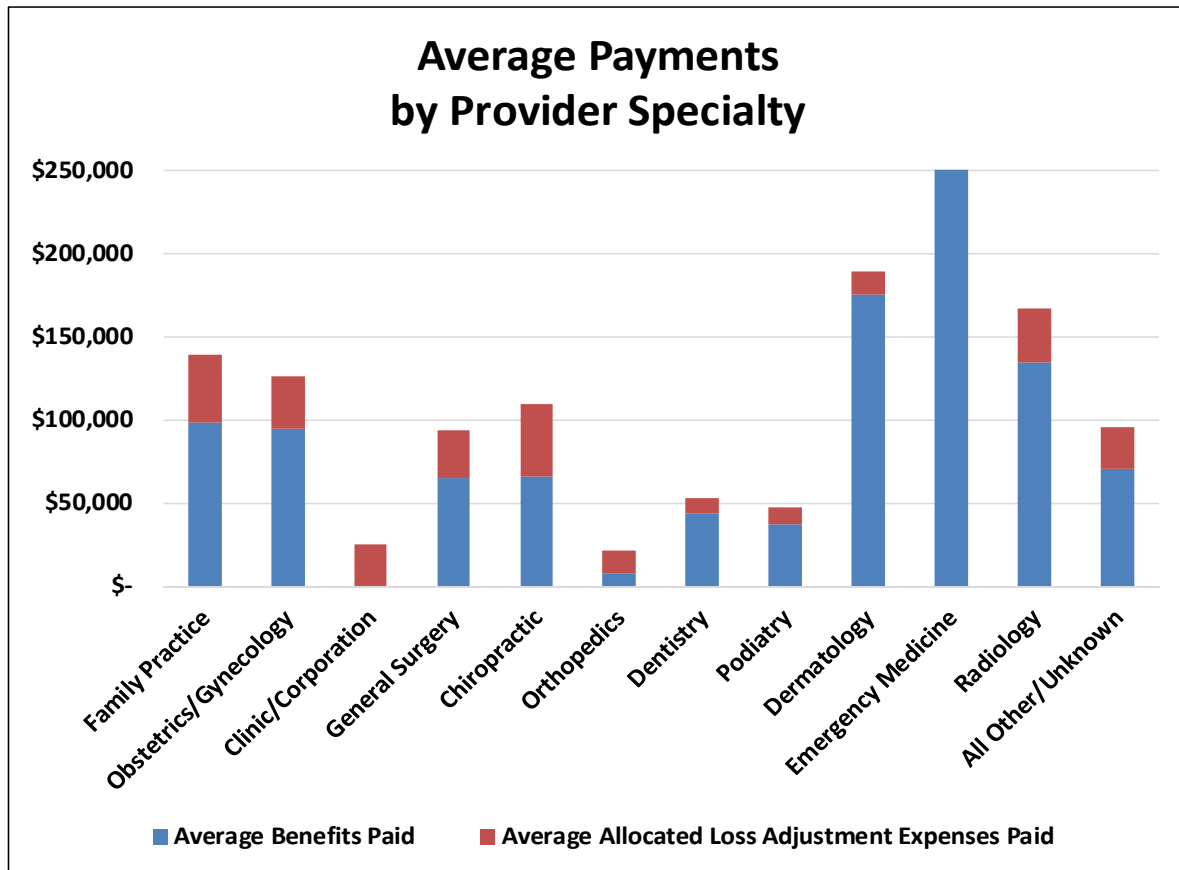
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2018 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Family Practice	26	2,558,492	1,057,410	-
Obstetrics/Gynecology	16	1,523,750	503,308	-
Clinic/Corporation	14	-	353,383	-
General Surgery	13	850,000	368,344	-
Chiropractic	7	465,500	299,431	-
Orthopedics	7	50,000	97,870	-
Dentistry	6	260,000	58,873	19,588
Podiatry	6	225,000	61,512	-
Dermatology	5	880,000	67,503	-
Emergency Medicine	5	15,566,600	634,944	-
Radiology	5	675,000	158,890	-
All Other/Unknown	92	6,544,166	2,255,132	40,979
Total	202	\$ 29,598,508	\$ 5,916,600	\$ 60,567



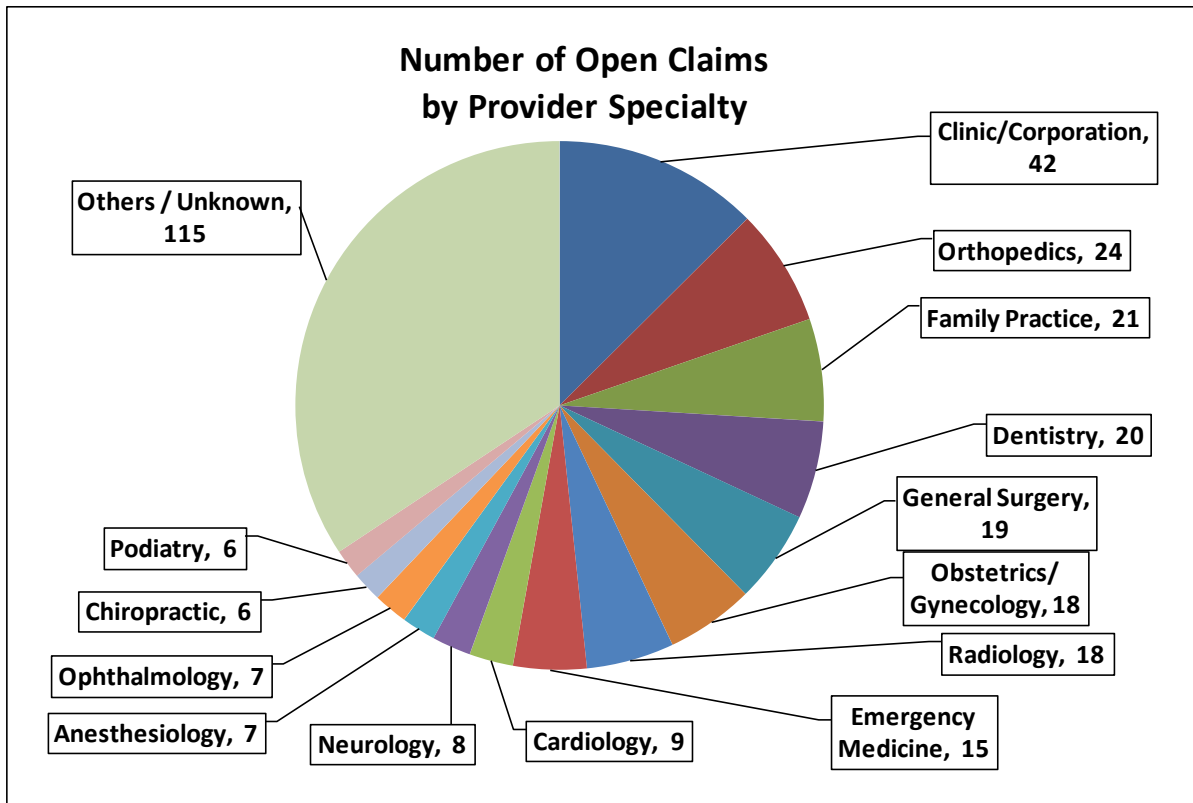
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2018 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Family Practice	26	\$ 98,404	\$ 40,670	\$ -
Obstetrics/Gynecology	16	95,234	31,457	-
Clinic/Corporation	14	-	25,242	-
General Surgery	13	65,385	28,334	-
Chiropractic	7	66,500	42,776	-
Orthopedics	7	7,143	13,981	-
Dentistry	6	43,333	9,812	3,265
Podiatry	6	37,500	10,252	-
Dermatology	5	176,000	13,501	-
Emergency Medicine	5	3,113,320	126,989	-
Radiology	5	135,000	31,778	-
All Other/Unknown	92	71,132	24,512	445
Total	202	\$ 146,527	\$ 29,290	\$ 300



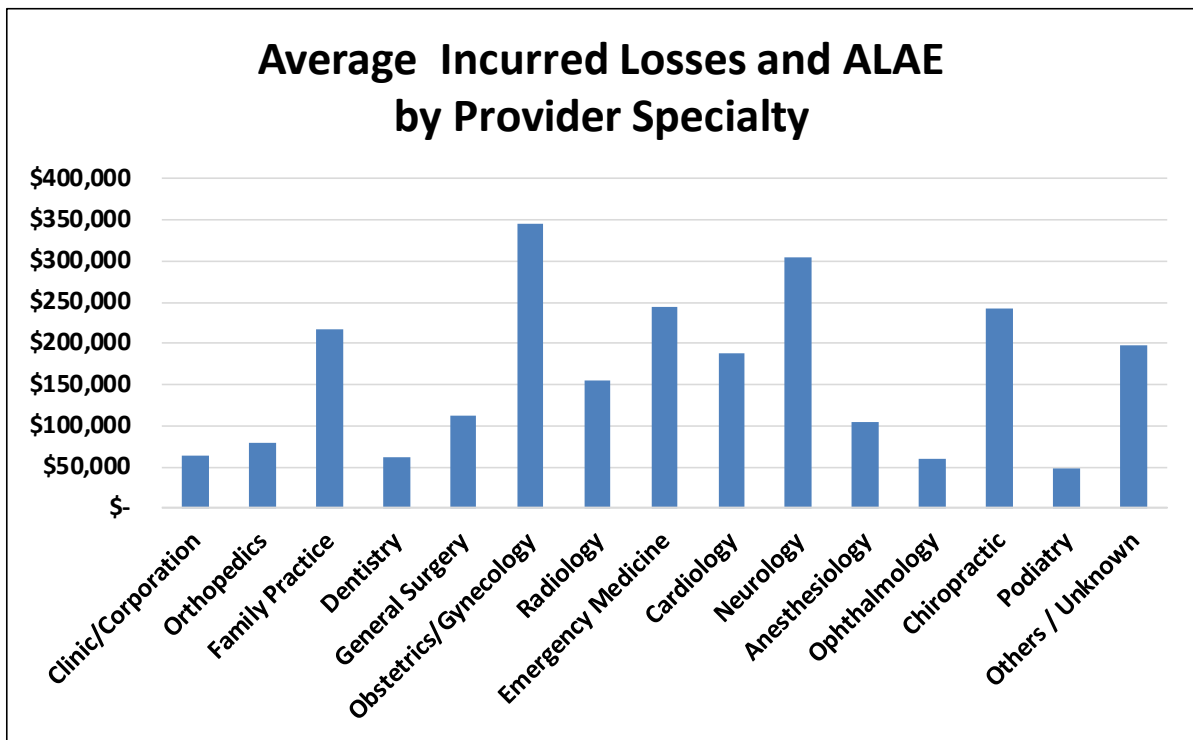
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2018 - By Specialty**

Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
Clinic/Corporation	42	\$ -	\$ 641,138	\$ 2,057,933
Orthopedics	24	-	514,053	1,404,201
Family Practice	21	-	981,064	3,587,000
Dentistry	20	75,000	210,044	964,006
General Surgery	19	-	255,255	1,861,376
Obstetrics/Gynecology	18	600,000	536,925	5,075,000
Radiology	18	-	346,775	2,443,653
Emergency Medicine	15	-	706,466	2,965,000
Cardiology	9	-	89,924	1,608,544
Neurology	8	315,000	384,892	1,737,500
Anesthesiology	7	-	235,292	498,155
Ophthalmology	7	19,700	1,710	400,300
Chiropractic	6	-	281,284	1,169,923
Podiatry	6	50,000	62,356	176,995
Others / Unknown	115	25,000	3,819,626	18,788,692
Total	335	\$ 1,084,700	\$ 9,066,803	\$ 44,738,276



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2018 - 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	42	\$0	\$15,265	\$48,998
Orthopedics	24	-	21,419	58,508
Family Practice	21	-	46,717	170,810
Dentistry	20	3,750	10,502	48,200
General Surgery	19	-	13,434	97,967
Obstetrics/Gynecology	18	33,333	29,829	281,944
Radiology	18	-	19,265	135,758
Emergency Medicine	15	-	47,098	197,667
Cardiology	9	-	9,992	178,727
Neurology	8	39,375	48,112	217,188
Anesthesiology	7	-	33,613	71,165
Ophthalmology	7	2,814	244	57,186
Chiropractic	6	-	46,881	194,987
Podiatry	6	8,333	10,393	29,499
Others / Unknown	115	217	33,214	163,380
Total	335	\$3,238	\$27,065	\$133,547



Aggregate Claim Reports by Nature of Claim

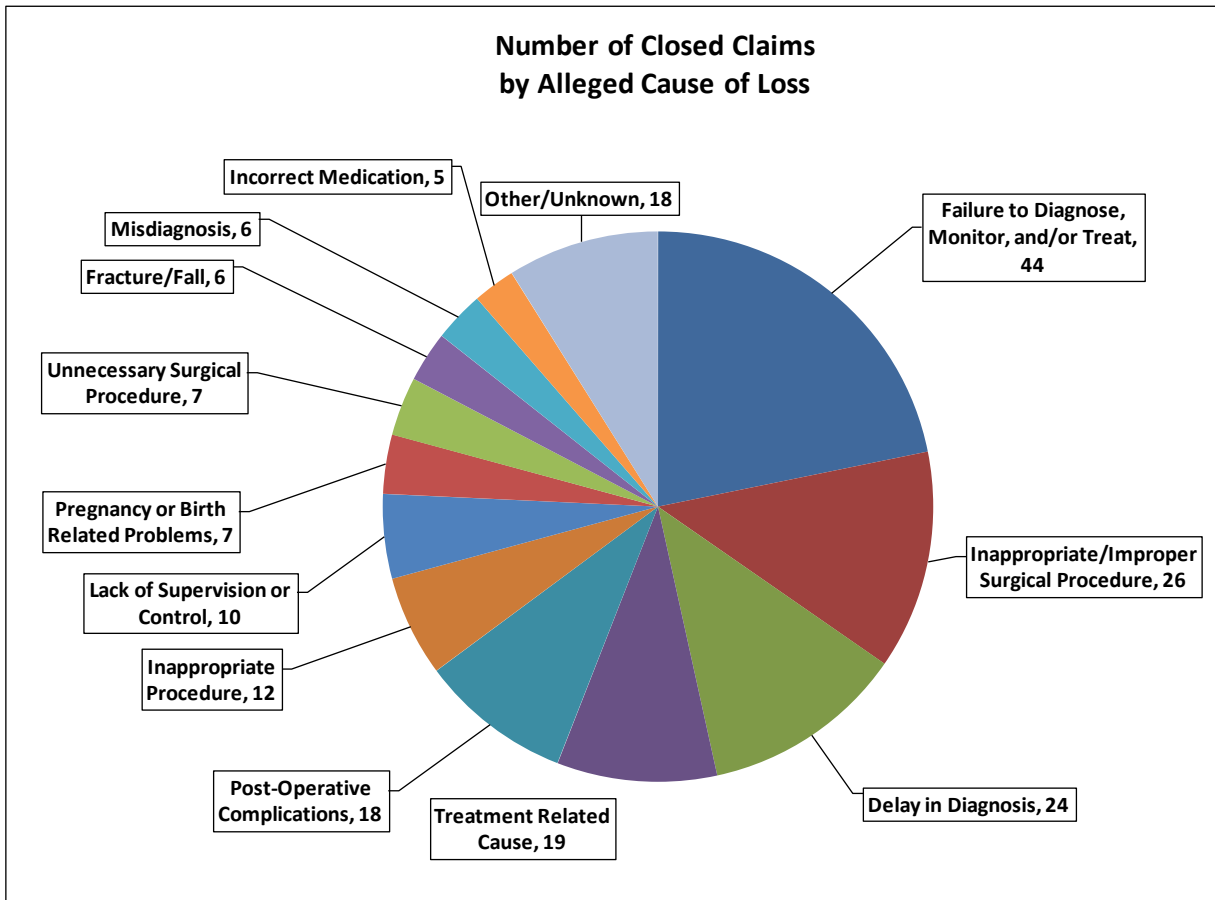
Companies were asked to classify each claim reported by a number of alleged cause of loss descriptions. Most companies used the provided descriptions to categorize the claims. For those claims that were not assigned to one of the listed cause of loss descriptions, one was assigned if it reasonably fit 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, and/or Treat and Inappropriate/Improper Surgical Procedure had the highest number of closed claims reported, as well as the highest number of open claims. Failure to Diagnose, Monitor, and/or Treat had the highest average benefits and allocated loss adjustment expenses paid for closed claims. Pregnancy or Birth-Related Problems had the highest average incurred losses and allocated loss adjustment expenses for open claims.

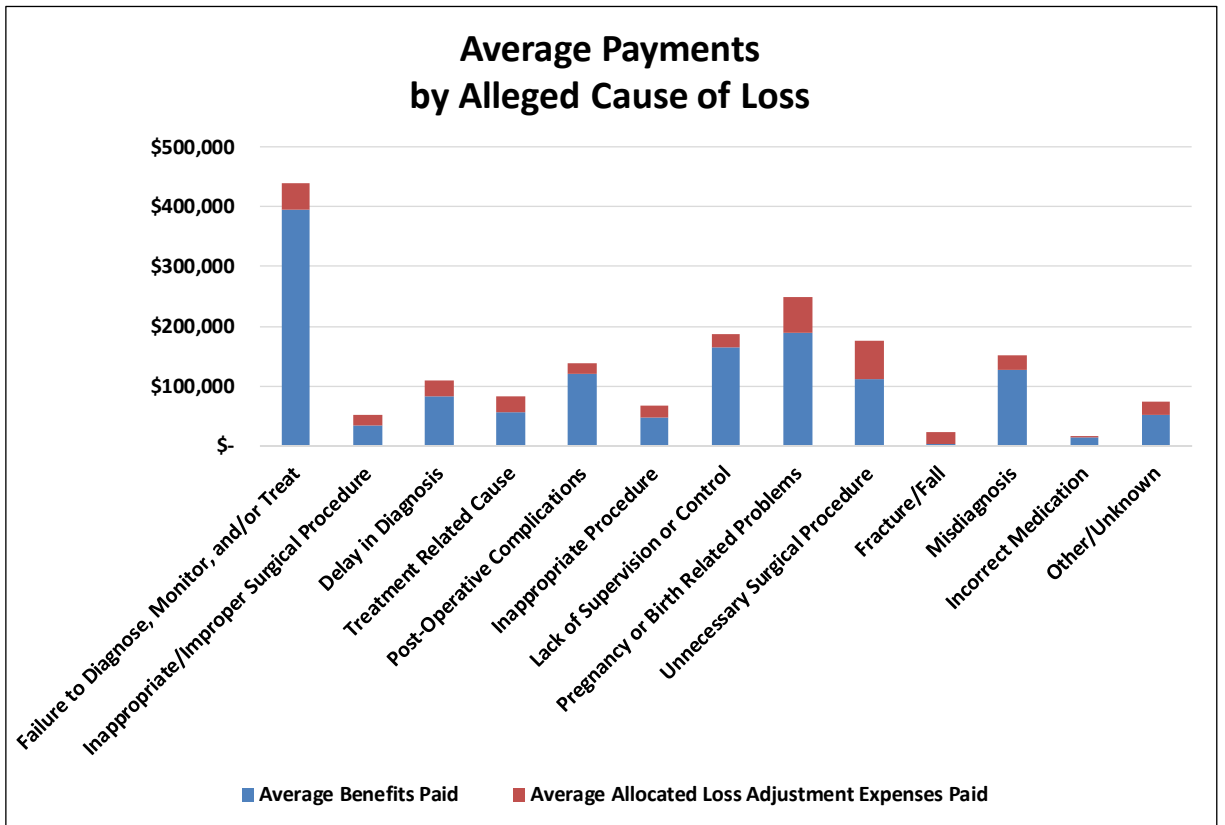
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2018 - By Nature of Claim**

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, and/or Treat	44	\$ 17,435,075	\$ 1,925,125	\$ -
Inappropriate/Improper Surgical Procedure	26	860,309	486,420	-
Delay in Diagnosis	24	1,980,000	657,364	-
Treatment Related Cause	19	1,063,376	492,716	14,092
Post-Operative Complications	18	2,182,527	303,863	27,099
Inappropriate Procedure	12	570,000	244,561	5,496
Lack of Supervision or Control	10	1,640,000	236,618	-
Pregnancy or Birth Related Problems	7	1,323,417	421,559	-
Unnecessary Surgical Procedure	7	775,000	459,133	-
Fracture/Fall	6	11,360	131,475	-
Misdiagnosis	6	765,000	137,401	-
Incorrect Medication	5	74,568	7,199	-
Other/Unknown	18	917,876	413,167	13,880
Total	202	\$ 29,598,508	\$ 5,916,600	\$ 60,567



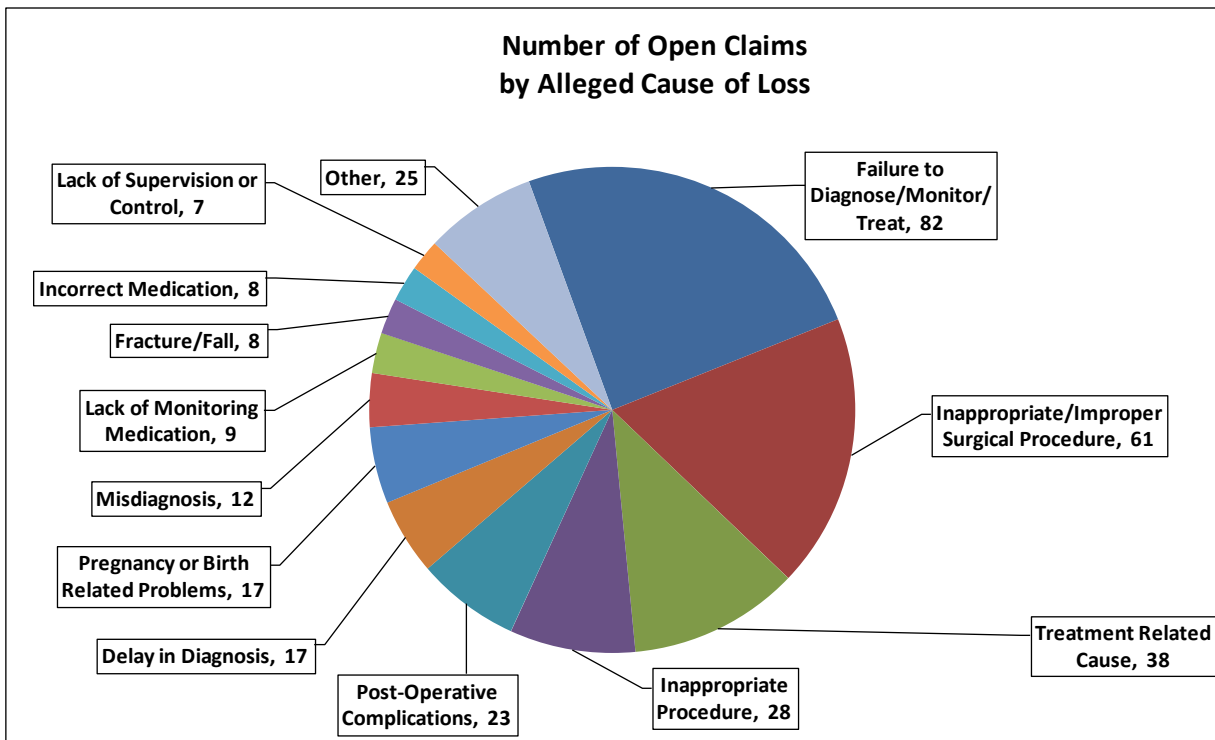
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2018 - By Nature of Claim**

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, and/or Treat	44	\$ 396,252	43,753	\$ -
Inappropriate/Improper Surgical Procedure	26	33,089	18,708	-
Delay in Diagnosis	24	82,500	27,390	-
Treatment Related Cause	19	55,967	25,932	742
Post-Operative Complications	18	121,252	16,881	1,506
Inappropriate Procedure	12	47,500	20,380	458
Lack of Supervision or Control	10	164,000	23,662	-
Pregnancy or Birth Related Problems	7	189,060	60,223	-
Unnecessary Surgical Procedure	7	110,714	65,590	-
Fracture/Fall	6	1,893	21,912	-
Misdiagnosis	6	127,500	22,900	-
Incorrect Medication	5	14,914	1,440	-
Other/Unknown	18	50,993	22,954	771
Total	202	\$ 146,527	\$ 29,290	\$ 300



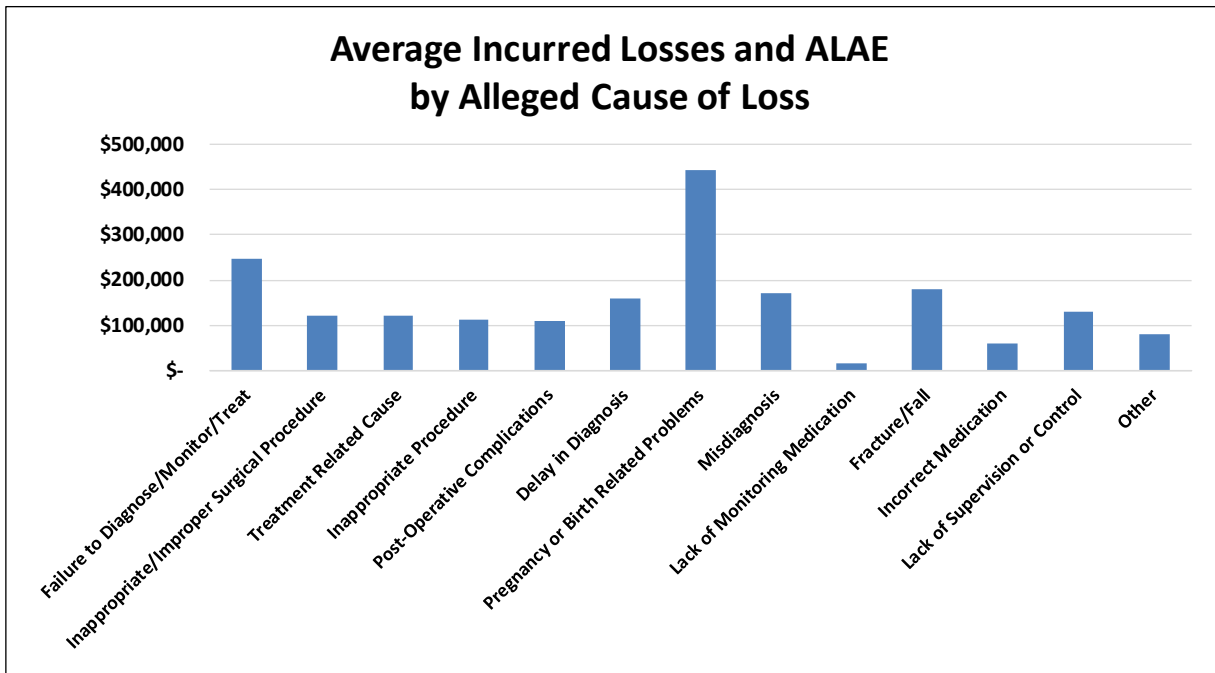
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2018 - By Nature of Claim**

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	82	\$ -	\$ 3,131,624	\$ 17,000,650
Inappropriate/Improper Surgical Procedure	61	334,700	1,048,925	6,006,545
Treatment Related Cause	38	-	645,107	3,912,708
Inappropriate Procedure	28	-	921,241	2,184,251
Post-Operative Complications	23	50,000	325,698	2,136,249
Delay in Diagnosis	17	-	391,028	2,331,267
Pregnancy or Birth Related Problems	17	600,000	924,904	5,985,000
Misdiagnosis	12	-	399,578	1,651,385
Lack of Monitoring Medication	9	-	77,917	65,001
Fracture/Fall	8	-	247,633	1,180,001
Incorrect Medication	8	75,000	114,440	277,501
Lack of Supervision or Control	7	25,000	182,354	692,250
Other	25	-	656,355	1,315,468
Total	335	\$ 1,084,700	\$ 9,066,803	\$ 44,738,276



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2018 - 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	82	\$ -	\$ 38,191	\$ 207,325
Inappropriate/Improper Surgical Procedure	61	5,487	17,195	98,468
Treatment Related Cause	38	-	16,977	102,966
Inappropriate Procedure	28	-	32,901	78,009
Post-Operative Complications	23	2,174	14,161	92,880
Delay in Diagnosis	17	-	23,002	137,133
Pregnancy or Birth Related Problems	17	35,294	54,406	352,059
Misdiagnosis	12	-	33,298	137,615
Lack of Monitoring Medication	9	-	8,657	7,222
Fracture/Fall	8	-	30,954	147,500
Incorrect Medication	8	9,375	14,305	34,688
Lack of Supervision or Control	7	3,571	26,051	98,893
Other	25	-	26,254	52,619
Total	335	\$ 3,238	\$ 27,065	\$ 133,547



Aggregate Claim Reports by Substance of Claim

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

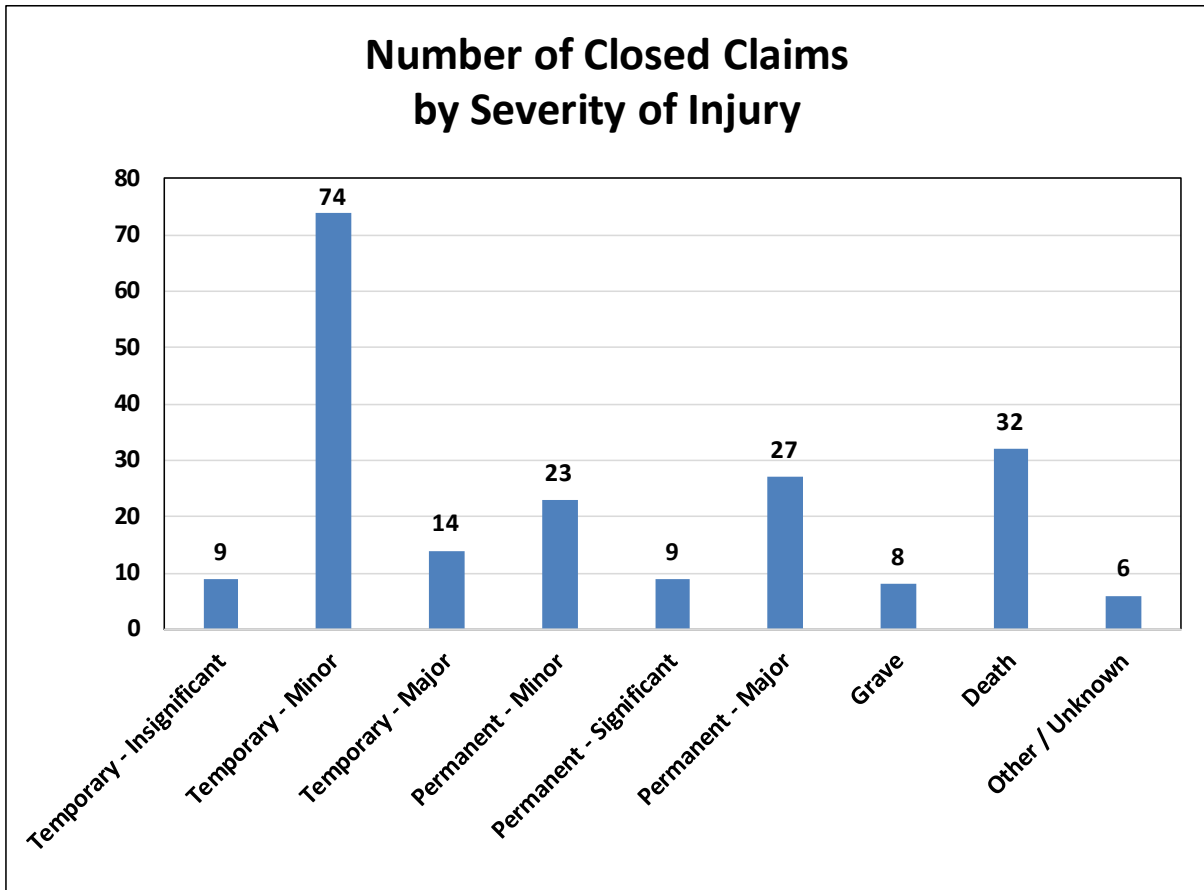
- Emotional Only (e.g. fright, no physical damage)
- Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary - Minor (e.g. infections, fracture, fall in hospital; recovery delayed)
- Temporary - Major (e.g. surgical material left, drug side effect, brain damage; 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

Temporary – Minor and Death had the highest number of closed claims reported. Death and Permanent – Minor had the highest number of open claims. Death had the highest average benefits and allocated loss adjustment expenses paid for closed claims. Grave had the highest average incurred losses and allocated loss adjustment expenses for open claims.

Average paid losses and expenses by category ranged from approximately \$19,000 to \$644,000 for closed claims. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from approximately \$29,000 to \$826,000 for open claims.

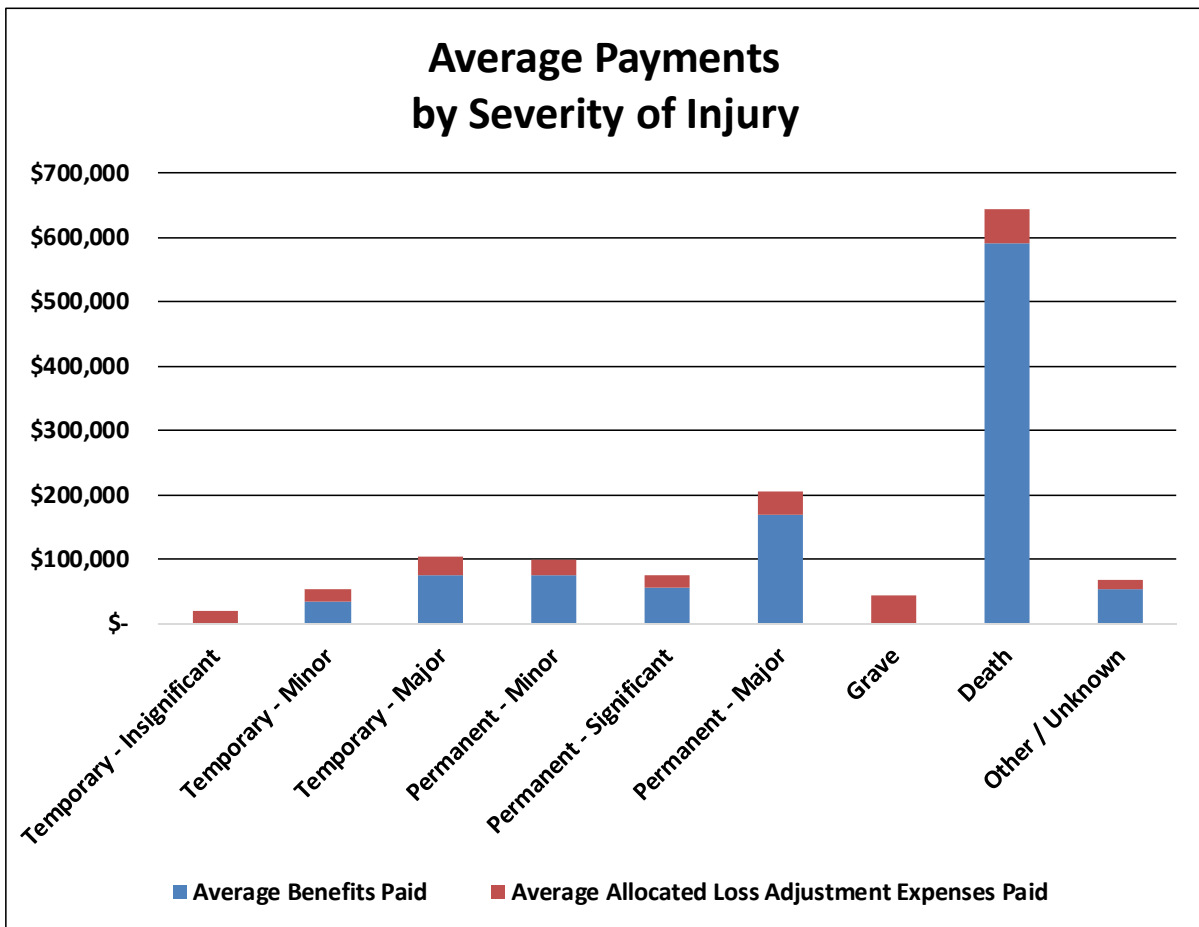
**Iowa Insurance Division
Closed Claims
Total Benefits and Expenses
Calendar Year 2018 - By Severity of Claim**

Severity of Injury	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Additional Payments After 6 Months from Disposition
Temporary - Insignificant	9	\$ -	\$ 171,209	\$ -
Temporary - Minor	74	2,489,390	1,545,783	14,092
Temporary - Major	14	1,064,626	387,654	7,616
Permanent - Minor	23	1,751,000	525,871	24,979
Permanent - Significant	9	505,000	173,773	-
Permanent - Major	27	4,562,500	957,303	-
Grave	8	-	347,962	-
Death	32	18,910,992	1,710,320	-
Other / Unknown	6	315,000	96,725	13,880
Grand Total	202	\$ 29,598,508	\$ 5,916,600	\$ 60,567



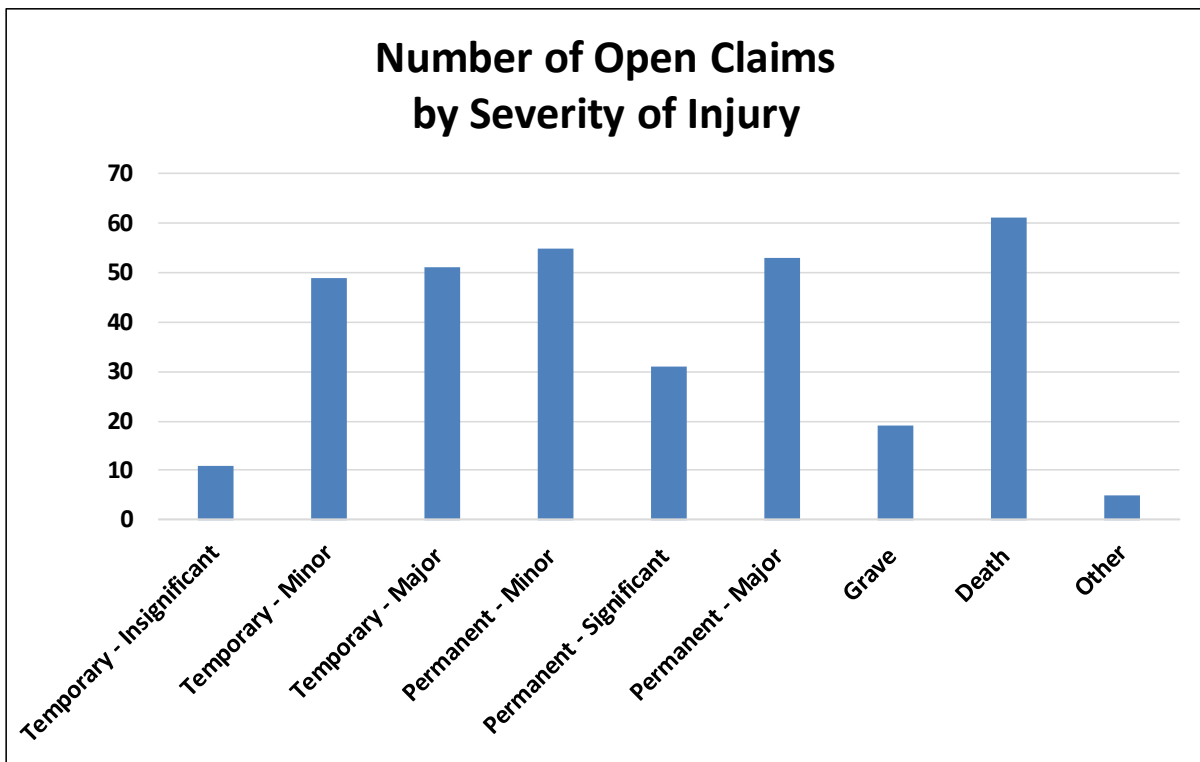
**Iowa Insurance Division
Closed Claims
Average Benefits and Expenses
Calendar Year 2018- By Severity of Claim**

Severity of Injury	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments After 6 Months from Disposition
Temporary - Insignificant	9	\$ -	\$ 19,023	\$ -
Temporary - Minor	74	33,640	20,889	190
Temporary - Major	14	76,045	27,690	544
Permanent - Minor	23	76,130	22,864	1,086
Permanent - Significant	9	56,111	19,308	-
Permanent - Major	27	168,981	35,456	-
Grave	8	-	43,495	-
Death	32	590,969	53,447	-
Other / Unknown	6	52,500	16,121	2,313
Total	202	\$ 146,527	\$ 29,290	\$ 300



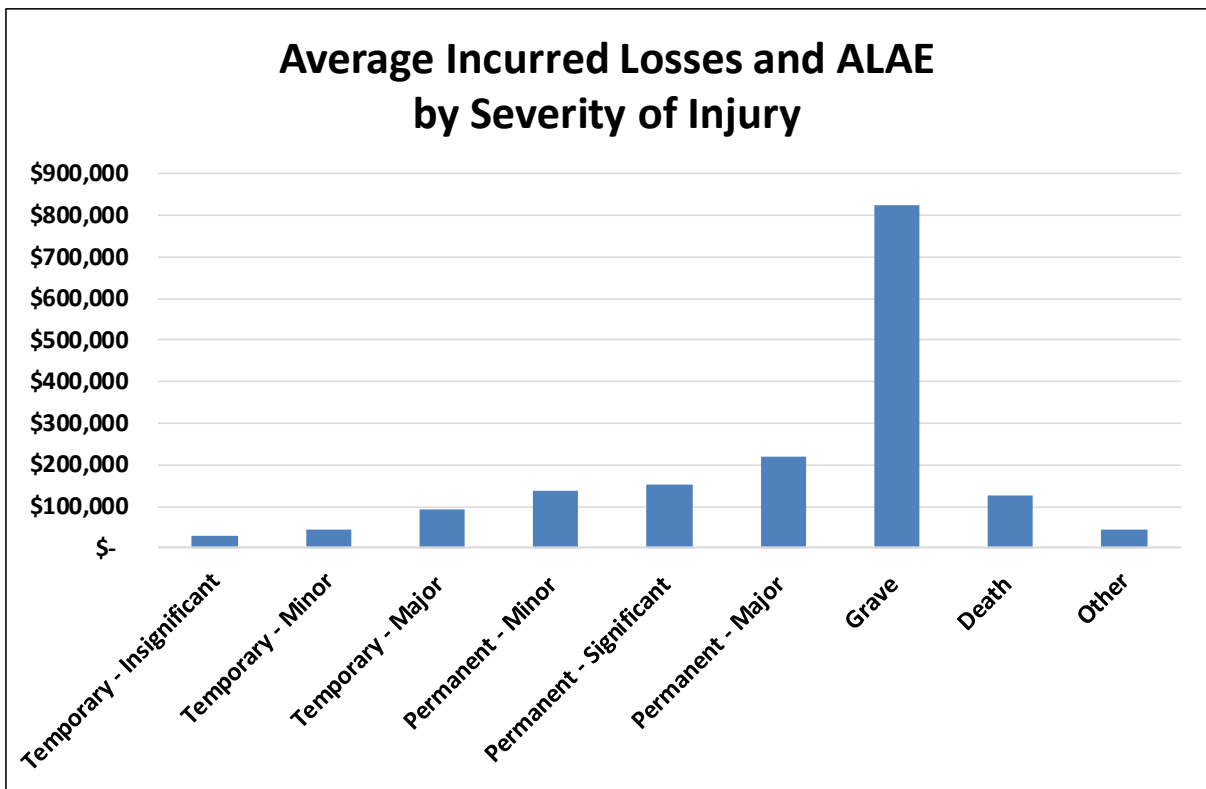
**Iowa Insurance Division
Open Claims
Total Benefits and Expenses
Calendar Year 2018 - By Severity of Claim**

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	11	\$ 75,000	\$ 71,483	\$ 168,005
Temporary - Minor	49	-	566,078	1,682,250
Temporary - Major	51	-	1,185,539	3,632,676
Permanent - Minor	55	365,000	1,368,208	5,765,959
Permanent - Significant	31	-	1,166,009	3,556,263
Permanent - Major	53	-	1,075,710	10,651,750
Grave	19	619,700	2,366,777	12,708,300
Death	61	-	1,230,495	6,410,072
Other	5	25,000	36,504	163,001
Total	335	\$ 1,084,700	\$ 9,066,803	\$ 44,738,276



**Iowa Insurance Division
Open Claims
Average Benefits and Expenses
Calendar Year 2018 - 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	11	\$ 6,818	\$ 6,498	\$ 15,273
Temporary - Minor	49	-	11,553	34,332
Temporary - Major	51	-	23,246	71,229
Permanent - Minor	55	6,636	24,877	104,836
Permanent - Significant	31	-	37,613	114,718
Permanent - Major	53	-	20,296	200,976
Grave	19	32,616	124,567	668,858
Death	61	-	20,172	105,083
Other	5	5,000	7,301	32,600
Total	335	\$ 3,238	\$ 27,065	\$ 133,547



Reports by Company

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

As described earlier in the report, a category was assigned in cases where a company did not use the categories provided in the data call to identify claims, but a category could be reasonably assigned. 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

Church Mutual Insurance Company
Cincinnati Insurance Companies
Continental Casualty Company
Hudson Insurance Company
ISMIE Mutual
National Union Fire Insurance Company of Pittsburgh, PA.
Podiatry Insurance Company of America

Companies Grouped for Open Claim Report

Cincinnati Insurance Companies
Continental Casualty Company
Fortress Insurance Company
Hudson Insurance Company
ISMIE Mutual Insurance Company
National Union Fire Insurance Company of Pittsburgh, PA.
Professional Liability Insurers

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Specialty
Calendar Year 2018**

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					
	Dentistry	5	\$ 260,000	\$ 42,408	\$ 19,588
	Other/Unknown	5	530,000	61,043	40,979
MMIC Insurance, Inc.					
	Family Practice	18	1,550,075	734,557	
	Obstetrics/Gynecology	12	1,223,750	288,770	
	General Surgery	11	850,000	273,551	
	Orthopedics	6	50,000	97,870	
	Other/Unknown	84	22,860,766	2,518,984	
NCMIC Insurance Company					
	Chiropractic	6	465,500	291,711	
	Other/Unknown	7	50,000	35,489	
ProAssurance					
	Clinic/Corporation	12		333,752	
	Family Practice	7	1,008,417	290,105	
	Other/Unknown	16	300,000	600,115	
Grouped Companies					
	All Other / Unknown	13	450,000	348,245	-
Total		202	\$ 29,598,508	\$ 5,916,600	\$ 60,567

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Specialty
Calendar Year 2018**

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	6	\$ -	\$ 6,991	\$ 125,007
	Others / Unknown	4	25,000	2,061	8,002
Medical Protective Associates					
	Clinic/Corporation	23	-	331,318	609,931
	Orthopedics	8	-	52,487	248,701
	Radiology	7	-	69,892	301,153
	Cardiology	5	-	68,586	98,544
	Dentistry	5	-	143,105	635,997
	Others / Unknown	17	-	211,153	423,120
MMIC Insurance, Inc					
	Obstetrics/Gynecology	17	600,000	536,925	5,075,000
	Family Practice	16	-	945,390	3,115,000
	General Surgery	13	-	101,348	911,875
	Orthopedics	11	-	390,680	730,500
	Emergency Medicine	10	-	658,771	2,669,250
	Radiology	9	-	257,856	2,042,500
	Neurology	8	315,000	384,892	1,737,500
	Ophthalmology	7	19,700	1,710	400,300
	Others / Unknown	100	-	3,829,249	19,364,975
NCMIC Insurance Company					
	Clinic/Corporation	8	-	211,627	345,000
	Chiropractic	5	-	153,346	725,000
	Orthopedics	5	-	70,886	425,000
	Others / Unknown	9	-	190,573	905,000
PICA					
	Podiatry	5	50,000	54,917	174,995
ProAssurance					
	Clinic/Corporation	10	-	95,246	1,103,002
	Others / Unknown	14	-	116,705	2,075,000
Grouped Companies					
	Others / Unknown	13	75,000	181,090	487,925
Total		335	\$ 1,084,700	\$ 9,066,803	\$ 44,738,276

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Nature of Claim
Calendar Year 2018**

Company	Cause of Loss	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
CNA Companies					
	Other/Unknown	10	\$ 790,000	\$ 103,451	\$ 60,567
MMIC Insurance, Inc.					
	Failure to Diagnose/Monitor/Treat	30	17,435,075	1,736,169	
	Inappropriate/Improper Surgical Procedure	18	410,309	235,174	
	Delay in Diagnosis	17	1,680,000	412,205	
	Post-Operative Complications	15	1,802,527	266,175	
	Lack of Supervision or Control	10	1,640,000	236,618	
	Inappropriate Procedure	8	435,000	220,187	
	Incorrect Medication	5	74,568	7,199	
	Misdiagnosis	5	765,000	97,933	
	Pregnancy or Birth Related Problems	5	615,000	192,877	
	Other	18	1,677,112	509,195	
NCMIC Insurance Company					
	Treatment Related Cause	6	507,500	303,485	
	Other	7	8,000	23,715	
ProAssurance					
	Failure to Diagnose/Monitor/Treat	11		146,856	
	Treatment Related Cause	7	300,000	118,414	
	Delay in Diagnosis	6	300,000	245,159	
	Other	11	708,417	713,543	
Grouped Companies					
	All Other / Unknown	13	450,000	348,245	-
Total		202	\$ 29,598,508	\$ 5,916,600	\$ 60,567

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Nature of Claim
Calendar Year 2018**

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					
	Others / Unknown	10	\$ 25,000	\$ 9,052	\$ 133,009
Medical Protective Insurance					
	Failure to Diagnose/Monitor/Treat	14	-	207,740	652,650
	Inappropriate/Improper Surgical Procedure	13	-	172,644	499,497
	Treatment Related Cause	12	-	68,714	196,155
	Delay in Diagnosis	9	-	91,464	125,767
	Others / Unknown	17	-	335,978	843,377
MMIC					
	Failure to Diagnose/Monitor/Treat	52	-	2,758,378	14,348,000
	Inappropriate/Improper Surgical Procedure	40	334,700	824,015	4,437,050
	Inappropriate Procedure	22	-	813,707	1,809,250
	Pregnancy or Birth Related Problems	12	600,000	877,457	5,890,000
	Post-Operative Complications	11	-	202,941	1,459,250
	Misdiagnosis	8	-	393,778	1,641,000
	Fracture/Fall	7	-	238,370	1,175,000
	Delay in Diagnosis	6	-	297,877	2,205,500
	Lack of Monitoring Medication	6	-	64,318	65,000
	Lack of Supervision or Control	6	-	180,293	692,250
	Treatment Related Cause	5	-	62,954	1,730,625
	Others / Unknown	16	-	392,730	593,975
NCMIC Insurance					
	Treatment Related Cause	12	-	335,299	1,430,000
	Post-Operative Complications	6	-	77,621	450,000
	Others / Unknown	9	-	213,513	520,000
PICA					
	Others / Unknown	5	50,000	54,917	174,995
ProAssurance Companies					
	Failure to Diagnose/Monitor/Treat	13	-	133,366	1,925,000
	Inappropriate/Improper Surgical Procedure	5	-	40,613	1,000,000
	Others / Unknown	6	-	37,972	253,002
Grouped Companies					
	Others / Unknown	13	75,000	181,090	487,925
Total		335	\$ 1,084,700	\$ 9,066,803	\$ 44,738,276

**Iowa Insurance Division
Benefits and Expenses by Company
Closed Claims by Substance of Claim
Calendar Year 2018**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments After 6 Months from Disposition
CNA Companies					
	Other/Unknown	10	\$ 790,000	\$ 103,451	\$ 60,567
MMIC Insurance, Inc.					
	Temporary - Minor	50	1,656,390	705,816	
	Temporary - Major	8	509,626	199,022	
	Permanent - Minor	16	1,178,500	316,188	
	Permanent - Major	26	4,562,500	957,303	
	Grave	7	-	345,854	
	Death	20	18,202,575	1,317,484	
	Other/Unknown	4	425,000	72,065	
NCMIC Insurance Company					
	Other/Unknown	13	515,500	327,200	
ProAssurance					
	Temporary - Minor	16	300,000	622,711	
	Death	6	708,417	347,524	
	Other/Unknown	13	300,000	253,737	
Grouped Companies					
	All Other / Unknown	13	450,000	348,245	-
Total		202	\$ 29,598,508	\$ 5,916,600	\$ 60,567

**Iowa Insurance Division
Benefits and Expenses by Company
Open Claims by Substance of Claim
Calendar Year 2018**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated Loss Adjustment Expenses Paid	Reserve for Incurred and Reported but not Disposed
CNA Companies					
	Other / Unknown	10	\$ 25,000	\$ 9,052	\$ 133,009
Medical Protective Associates					
	Temporary - Minor	7	-	95,065	197,000
	Temporary - Major	21	-	401,861	1,542,028
	Permanent - Minor	12	-	79,547	109,206
	Permanent - Significant	9	-	70,678	100,767
	Death	15	-	229,388	368,444
	Other / Unknown	1	-	-	-
MMIC Insurance, Inc					
	Temporary - Minor	30	-	400,187	1,102,250
	Temporary - Major	20	-	526,898	800,725
	Permanent - Minor	26	315,000	1,186,147	4,441,750
	Permanent - Significant	14	-	738,071	2,315,500
	Permanent - Major	50	-	1,061,352	10,576,750
	Grave	19	619,700	2,366,777	12,708,300
	Death	30	-	824,196	4,091,625
	Other / Unknown	2	-	3,191	10,000
NCMIC Insurance Company					
	Temporary - Major	7	-	119,480	595,000
	Permanent - Minor	8	-	74,878	430,000
	Other / Unknown	12	-	432,074	1,375,000
PICA					
	Other / Unknown	5	50,000	54,917	174,995
ProAssurance					
	Temporary - Minor	6	-	51,295	275,000
	Death	8	-	114,154	1,855,001
	Other / Unknown	10	-	46,503	1,048,001
Grouped Companies					
	Others / Unknown	13	75,000	181,090	487,925
Grand Total		335	\$ 1,084,700	\$ 9,066,803	\$ 44,738,276



KIM REYNOLDS
GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

ADAM GREGG
LT. GOVERNOR

DATE: April 19, 2019
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, 2018 through December 31, 2018.

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

DUE DATE: June 1, 2019

IID CONTACT PERSON: Travis Grassel (travis.grassel@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 Microsoft 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 Travis Grassel at medmal@iid.iowa.gov by June 1, 2019.

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, 2018 through December 31, 2018. Also, please provide data for all medical professional liability, medical malpractice, insurance claims, and lawsuits open as of December 31, 2018.
 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, 2018, report this only within the open claims report.
 9. If a claim was reopened and then closed within the period from January 1, 2018 through December 31, 2018, 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 a Microsoft 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 Microsoft Excel spreadsheets and a copy of the Contact Information sheet via e-mail to Travis Grassel 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, please feel free to e-mail or call Travis Grassel at travis.grassel@iid.iowa.gov, (515) 281-4019.

DEFINITIONS

Admitted Insurance Company – An insurer who has been licensed by the insurance division within the state of Iowa 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 of 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
