

**MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION**  
**UNDER CONNECTICUT PUBLIC ACT 05-275**

**Introduction:**

Public Act 05-275 (the “Act”) requires Medical Malpractice insurance providers to report closed claims data to the Connecticut Department of Insurance (the “Department”) and authorizes the Department to establish a reporting format to capture this data. The reporting requirement applies to all admitted and non-admitted insurers, risk retention groups, captives, and self-insured entities. A quarterly report is required to be sent to the Department not later than 10 days after the close of the quarter in which the claim is closed.

The Act requires that all insurers report, among other information, the costs of defending medical malpractice claims, and paying judgments and settlements for their insured health care providers and health care entities. The closed claim report must be submitted to the Department on the Medical Malpractice Closed Claim Data Collection Application software that can be downloaded through the Department’s website. The reporting obligation commences with claims closed during the fourth quarter of 2005 (subject to the noted exception below) and each calendar quarter thereafter. This quarterly information is required to be submitted to the Department not later than 10 days after the last day of the quarter in which a claim is closed.

While submitting information via the Department’s application, users can access this *Medical Malpractice Closed Claims Data Collection Application User Guide* for instructions. If you need assistance or have questions regarding an insurer’s closed claim reporting obligations, you may contact the Department at (860) 297-3998 or via e-mail at [ctinsdept.propcasualty@ct.gov](mailto:ctinsdept.propcasualty@ct.gov). Subject matter should reference Medical Malpractice Closed Claim database: Attention- George Bradner

**The definitions of certain terms used in the Data Application Software are as follows:**

**Claim:** “Claim” means a request for indemnification filed by a physician, surgeon, hospital, advanced practice registered nurse or physician assistant pursuant to a professional liability policy **for a loss for which an insurer has established a reserve amount.**

**Closed Claim:** “Closed Claim” means a claim that has been settled, or otherwise disposed of through judicial process, where the insurer has made all indemnity **and expense payments** on the claim.

The Department understands that some insurers may define a claim as closed when the final indemnity amount has been established. The statute clearly defines a "closed claim" as one “where the insurer has made all indemnity **and expense payments** on a claim”. In order to accommodate this situation the Department request that companies delay submission of such claims until the next quarterly report in order to capture all paid expenses.

For those insurers who don't mark claims as closed until all expenses are paid they will be required to report based on the calendar quarter the claim was closed.

**Insured:** The term “insured” includes those individuals and entities for which an insurer provides coverage for medical malpractice liability claims.

**Insurer:** “Insurer” means an insurer that insures a physician, surgeon, hospital, advanced practice registered nurse or physician assistant against professional liability. "Insurer" includes, but is not limited to, admitted and non-admitted insurers, risk retention groups, captives, and self-insured entities.

**Captive Domicile:**

The jurisdiction where the captive has obtained its original license and under whose laws it is organized as a legal entity.

**Captive License #:**

The license number given to the captive by the regulators in the captive domicile.

**Non-Hospital Healthcare Provider:**

A long-term care facility; a physician group practice.

**Self-Insured Trust:**

A trust maintained by a health care provider in which liability is accrued and assets held for the payment of professional liability claims.

**Voluntary Attending Physician:**

A credentialed member of a health care facility’s medical staff who is not employed by the health care facility.

• **Health Care Provider/Entity Classifications:**

For purposes of closed claim reporting, the Department intends to capture closed claim data for physicians and surgeons under the following categories:

- Advanced Practice Registered Nurse
- Anesthetist
- Gynecology
- Obstetrics/Gynecology (“OB-GYN”)
- Physician - Family, Pediatric or General Practice
- Physician - Family, Pediatric or General Practice with OB
- Physician - Other
- Physician Assistant
- Surgery - Cardiovascular
- Surgery - Plastic
- General Surgery
- Neurosurgery
- Surgery Other
- Urology
- Other

**Health care entity** closed claim data will be captured for the following categories:

- Hospital - Children's
- Hospital - Chronic Disease
- Hospital - General
- Hospital - Maternity
- Hospital - Mentally Ill Persons

**MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION**  
**APPLICATION USER GUIDE**

When initially accessing the report the user will have the option of selecting either the “*yearly reporting*” or “*quarterly closed claim reporting*” function. As provided in the Department’s Data Call and supplemental notices of October 26, 2005 and December 16, 2005, insurers are required to provide both quarterly closed claim data as well as certain other information on a calendar year basis. The following pages of this User Guide provide instructions on quarterly closed claim reporting. Yearly reporting instructions are discussed at the end of this Guide.

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**Quarterly Reporting of Closed Claim**

***Important Information Regarding Multiple Claimants:***

A separate record is required to be entered for each insured that is covered in the closed claim. If one claim file is created with multiple insureds, the insurer is to enter the claim data for each insured under the same claim number as provided in the software. For example, if one closed claim involved three physicians insured by you, we anticipate that three records will be entered, but only under the one claim number. A record is not entered into the database until the insurer has closed the claim according to their business practices. In the example of three physicians, if the insurer opens one claim number with a sub-claim record for each physician, then the insurer should only report the closed claim data to the Department when all three physicians sub-claims are closed. However, if the insurer creates a separate claim file and identifying number for each physician, then a closed claim record is required to be reported after **each** claim is closed.

To begin the application, click on “Quarterly Closed Claim Report”.



## Quarterly Reporting Option—General Information Tab

Once in the application, the user will first need to complete the “General Information Tab” screen that requests “Company Information” and “Contact Information”. This screen will need to be completed once each quarter when new closed claim data is reported.

### General Information:

The user will first need to select the “*Business Type*” based on whether they are a Commercial Insurer, Hospital or Non-Hospital healthcare provider. Depending on the selection the user will be required to fill in information specific to their business under each tab. While information is being input under each topic heading the user will be permitted to navigate among the different tabs to validate information and make any necessary corrections. Once all closed claim records have been input for all the fields within each tab, the user must then click on the “save” button on the top of the screen to save their closed claim record.

Note: If any required fields are left blank a message will appear advising the user the data is incomplete. Any required fields will then be highlighted in “red”. Once the “save” feature is clicked, no further modification will be permitted to be made.

Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

If you are a *Hospital* or *Non-Hospital healthcare provider* you will need to select whether you are a “*self insured trust*” or a “*Captive*” with or without “*voluntary attending physicians*”. If the insurer is a *Captive*, provide the *Captive Code* assigned by the regulatory authority in which the *Captive* is domiciled and its location.

If a “*Self- insured*”, provide the name of the self-insured entity.

### **Contact Information and Company Information:**

The Department requests a single point of contact within your organization should we have questions regarding closed claim records submitted by your organization. Enter the name, phone number and e-mail address of the responsible individual. After you have input the necessary information under contact information and company information, then proceed to the “*Injured Party Tab*”.

## **INJURED PARTY INFORMATION**

Fully complete this screen and enter the company unique claim number assigned to the insured. We understand that this number in many instances may not be unique to an insured but may in fact be assigned to multiple insureds being covered under the claim. Next, provide the date of injury or loss, date claim reported and date claim closed. Then provide the total claim expenses paid by the insurer. In subsequent screens, you will be asked to provide detailed information regarding indemnity, loss adjustment and legal expense payments.

This screen requires the number of insured(s) or entities involved in the claim. If more than “1”, the user will need to complete the “*Insured/Policyholder tab*” information for each insured after they have fully completed the closed claim data for the first insured/policyholder/entity entered. This is to be used only when the insurer has multiple insureds covered under the same claim number.

### **Multiple Insured’s or entities:**

When 2 or more insured’s or entities are indicated as involved under the claim the next field for “total closed claim/loss expenses” needs to reflect the “**total expenses**” (excluding indemnity) for **all** the insured’s or entities involved under the claim number.

The “Date claim/loss closed” should also be the date when the claim/loss file is finally closed for **all** insured’s or entities being represented under the claim/loss by the insurer.

Note: The individual “claim expenses” (excluding indemnity) and “claim closed” date for each insured or entity represented under the claim file will be captured separately under the “insured/policyholder Information screen.

Enter the name, gender and date of birth of the injured party. If the injured party is under 1 year of age check the “less than 1 year of age at time of injury” box. If 1 year of age or older, the system will calculate the age at the time the injury or loss occurred. Once age is input hit the “tab” key or click on the “name of institution where loss/injury occurred” and the age will “pre-fill”.

Enter the name of the institution where the loss/injury occurred. Then select from the drop down list the “Type of location where loss/injury occurred”, “Act or Omission Type” and the “Act or Omission Description”. Then select from the drop down list the “injury severity rating”, which is based on nationally recognized codes developed by the National Association of Insurance Commissioners (NAIC). After you have input the necessary information, proceed to the “*Insured/Policyholder Tab*”.

Injured Party Information Screen:

Medical Malpractice

Please make sure all entries are correct before saving.

Court award
**Injured Party Information**
Insured/Policyholder Information
Court Data

Claim/Loss Number:

Date of Injury or Loss:

Date Claim/Loss Reported:

Last Name:  First Name:  Middle Initial:

Male  Female Birthday (mm/dd/yyyy):

Less than 1 year of age at time of injury

Number of Insureds (including entities) involved in this claim:

Total Closed Claim/Loss Expenses:

Date Claim/Loss Closed:

If older than 1 year of age at time of injury, please enter the Injured Party's Age at time of injury:

Name of Institution where loss/injury occurred:

Type of location where loss/injury occurred:

Act or Omission Type:

Act or Omission Description:

Injury severity rating (NAIC):

Injured Party's Attorney Or "None":

Attorney's Law Firm:

	Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

## INSURED/POLICYHOLDER INFORMATION

For this screen, enter the insured name. Depending on the number of insureds/entities covered under the claim, the screen will need to be completed to report information for each insured and/or entity. You will be required to enter the *Name*, *address*, *license number* and *specialty* of each insured. For entities, enter the location and policy information.

If you do not have the physician's license number this information can be obtained through the Department of Public Health web site at: [www.dph.state.ct.us/MD\\_Profile/hlthprof.htm](http://www.dph.state.ct.us/MD_Profile/hlthprof.htm). Select "Professional license status", then select Physicians and Surgeons and input the insured's name to locate their license number.

If the exact specialty is not listed, select the specialty that most closely matches.

Next, select whether the insurer for the claim is providing the insured with the *primary* or *excess* coverage. A self-insurer with a self-insured retention limit should indicate "primary" for the layer of the claim that is retained under their self-insured retention limit.

Next, enter the policy number, policyholder name and address, and identify whether the policy is an "*occurrence*" or "*claims-made*" policy.

Next, utilize the drop-down box to denote the per claim and aggregate policy limits or if the amounts are not shown, select "other", then type them in the "pop-up" box which will appear.

Next, enter the insurer's *initial indemnity and expense reserve* for this insured. This should be the amount the insurer determined the reserve should be after its initial analysis of the claim. Enter whole dollar amounts. Do not use the dollar symbol.

The *final indemnity and expense reserve* should be the last reserve amount set for the claim prior to the final claim resolution.

Next, enter the *final indemnity amount paid* on the claim.

Enter the *loss adjustment expenses paid* to defense counsel. Then enter the all other "allocated loss adjustment expenses" ("ALAE") paid. The sum of these two should represent all loss adjustment expenses associated with this claim.

The *date claim file closed* is intended to capture the date the file was closed for this insured.

**Insured/Policyholder Information Screen:**

**Medical Malpractice**

Save Please make sure all entries are correct before saving. View Search entry by Claim/Loss Number

Court award

General Information Injured Party Information **Insured/Policyholder Information** Court Data

Information on Insured/Entity:

Name of Insured: Last:  First:  MI:

Name of Entity (if applicable):

Address of Insured/Entity:

Insured/Entity License Number:

Insured Specialty:

Policy Number:

Policyholder's Name:

Policyholder's Address:

Insured Policy Limits:

Initial Indemnity and Expense Reserve:

Final Indemnity and Expense Reserve:

Final Indemnity Paid:

Loss Adjustment Expenses paid to Defense Counsel:

All Other Allocated Loss Adjustment Expenses Paid:

Date Claim or Loss Closed: 4 /12/2006

Is Insurer/Entity

Primary

Excess

Occurrence (O)

Claims-made (C)

	Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

After all data is input, proceed to the “*Court/Settlement Tab*”. If multiple Insureds/Entities are involved in the claim, this screen will need to be completed for each additional insured/entity.

## COURT/SETTLEMENT DATA

This screen will need to be completed after the “*Injured party*” and “*the Insured/Policyholder information*” screens have been completed and will pertain to each insured/entity depending on the number of insureds or entities involved in the claim.

**Medical Malpractice**

Save Please make sure all entries are correct before saving. View Search entry by Claim/Loss Number

**Court award**

General Information Injured Party Information Insured/Policyholder Information **Court Data**

Lawsuit Filed  
 Yes  No  
 Judgment  Settlement

Settlement Information  
Date of Settlement: 4 /12/2006  
Settlement Code: [dropdown]

Lawsuit Information  
Name of Court Suit Filed in: [dropdown]  
Docket Number: [input]  
Trial Date From: 4 /12/2006 Trial Date To: 4 /12/2006

Jury or Court Trial  
 Jury  Court Trial  
Date Award: 4 /12/2006

Appeal Filed  
 Yes  No  
Date Appeal Filed: 4 /12/2006 Date Appeal Decided: 4 /12/2006  
Appeal Resolution: [dropdown]

Lawsuit Outcome: [dropdown]  
1 - Judgment for Plaintiff  
2 - Judgment for Defendant  
3 - Withdrawn  
4 - Closed without payment  
5 - Dismissed

Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

Next, depending upon whether “Lawsuit Filed” is answered *Yes* or *No*, different data fields will be required to be completed and a different screen flow will follow.

Note: If the lawsuit is settled before the docket number is assigned input “None”, otherwise, input the court assigned docket number.

If *No* is selected, then Settlement Code: “1-Settled before trial” will appear by default. Codes 2 and 3 are discussed further below. Enter the Date of Settlement.

Once this screen is completed proceed to the “*Court award*”, “*Jury award*” or “*Settlement award*” screen which will appear depending upon your initial selections.

## SETTLEMENT DATA

### Settlement Award Information

**Medical Malpractice**

Save Please make sure all entries are correct before saving. View Search entry by Claim/Loss Number

General Information Injured Party Information Insured/Policyholder Information Court/Settlement Data

**Settlement Award**

Settlement Information

Number of Other Parties included in Settlement:

Total Settlement Amount

1. Total Amount of Settlement

Structured Settlement

Yes  No

Were other companies involved in settlement

Yes  No

Insurer Information

2. Amount of Total Settlement (Line 1 above) payable

3. Amount of Total Settlement payable  
(due to a deductible or Settlement in excess of policy limits)

4. Total of Line 2 and Line 3

5. Estimated Amount of Line 4 allocated to Economic Damages

6. Estimated Amount of Line 4 allocated to Non-economic Damages

7. Amount of Initial Award (if Rendered by Jury or Awarded by Court)

Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

Enter the “*Number of Other Parties included in Settlement*”. This is for parties that are **not** being reported under **this closed claim** but are included in the settlement.

The “total settlement” should include the total amount being paid by ***all parties covered by the settlement*** not just the individual insurer’s settlement amount for their insured(s)/physician(s).

In the insurer section on line 2, the insurer captures its share of the total settlement amount. This amount should be the insurer’s total amount without any consideration given to reinsurance.

Line 3 is for capturing the insured’s payments due to deductibles or settlements in excess of policy limits not covered by insurance.

On lines 5 and 6, the insurer is required to estimate the amounts allocated to economic and non-economic damages. If this amount is “unknown”, please type in “Unknown”. Otherwise if the amount is known please input the respective dollar amounts for Economic and Non-economic Damages.

Line 7 will be required when Code 3 - *Settlement after Judgment*, is selected on the Court data screen.

## LAWSUIT FILED AND JUDGMENT RENDERED—NO SETTLEMENT

### Court Award Information

If a *Court Trial* is indicated on the “Court Data” screen and a Judgment is rendered, the user will be prompted to complete the appropriate fields and will then need to proceed to the “Court Award” screen.

### Court Award Data:

First, enter the “*Number of Other Defendants Covered by Court’s Award*”. This is for the Healthcare Providers that are **not** being reported under **this closed claim** but are involved in the lawsuit and represented by another insurer.

The next section of this screen pertains to the “*Total Court Award*” information.

- In line 1 “*Total Amount of Initial Award*” this should include ***all defendants in the lawsuit*** not just each individual insurer’s judgment against its insured(s).
- In Line 2, “*Interest Awarded*” this is the amount of interest which has been awarded by the court due to failure to accept an offer of judgment or compromise.
- In Line 4 provide all amounts paid by other insurers, and Line 5 is the amount paid by other defendants (e.g. deductibles or payments which are made in excess of the insured’s policy limits).

The screenshot displays the 'Medical Malpractice' software window. At the top, there are buttons for 'Save', 'View', and a search field labeled 'Search entry by Claim/Loss Number'. Below these are four tabs: 'General Information', 'Injured Party Information', 'Insured/Policyholder Information', and 'Court/Settlement Data'. The 'Court Award' section is active, showing a form with the following fields:

- Number of Other Defendants Covered by Court's Award: [input field]
- Total Court Award
  - 1. Total Amount of Initial Award: [input field]
  - 2. Interest Awarded (Due to a failure to accept an offer of judgment or compromise): [input field]
  - 3. Total Award (line 1 plus line 2): [input field]
  - 4. Amount of Line 3 Payable by Other Insurers: [input field]
  - 5. Amount of Line 3 Payable by Other Defendants: [input field]
- Insurer Information
  - 6. Amount of Total Award (Line 3 above) payable: [input field]
  - 7. Amount of Total Award payable by Defendant Insured (due to a deductible or Judgment in excess of policy limits): [input field]
  - 8. Total of Line 6 and Line 7: [input field]
  - 9. Amount of Line 8 allocated to Economic Damages: [input field]
  - 10. Amount of Line 8 allocated to Non-economic Damages: [input field]

At the bottom of the window, there is a table with the following columns: Last Name, First Name, Date Closed, Prim/Exc, O/C, and J/S.

The next section of the screen pertains to the “*Insurer Information*”. In this section, the insurer should only input their portion of the total award amount.

## Jury Award Information

If a *Jury Trial* is indicated on the “Court/settlement Data” screen and a Judgment is rendered, the user will need to proceed to the “Jury Award” screen.

Medical Malpractice

Save Please make sure all entries are correct before saving. View Search entry by Claim/Loss Number

General Information Injured Party Information Insured/Policyholder Information Court/Settlement Data

**Jury Award**

Number of Other Defendants Covered by Jury's Award

Total Jury Award

1. Total Amount of Initial Jury Award

1a. Reduction by Court (Remittitur)

1b. Addition by Court (Additur)

1c. Final Amount

2. Interest Awarded (Due to a failure to accept an offer or judgment or compromise)

3. Total Award (line 1c. plus line 2.)

4. Amount of Line 3 Payable by Other Insurers

5. Amount of Line 3 Payable by Other Defendants

Insurer Information

6. Amount of Total Award (Line 3 above) Payable

7. Amount of Total Award Payable by Defendant Insured  
(due to a deductible or Judgment in excess of policy limits)

8. Total of Line 6 and Line 7

9. Amount of Line 8 allocated to Economic Damages

10. Amount of Line 8 allocated to Non-economic Damages

Last Name	First Name	Date Closed	Prim/Exc	D/C	J/S

On the “Jury Award” screen the user will first enter the “*Number of Other Defendants Covered by Court’s Award*”. This is for the Healthcare Providers that are **not** being reported under **this closed claim** but are involved in the claim and represented by another insurer.

As with the “*Court Award Information*” screen, the first section of the “*Jury Award Information*” screen needs to be completed based upon the “*Total Award*” information.

The “*Insurer Information*” section should then be completed taking into account only the portion of the award the insurer was responsible for.

Click on “Save” when completed and you will be brought back to the insured/policyholder Information screen to input information for a different insured or entity if there was more than one involved in the Closed Claim. If there was only one insured you covered under this Closed Claim, you will be ready to enter the next “new” closed claim record for the quarterly reporting period and will be brought back to the Injured Party Information screen.

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### Yearly Reporting of Closed Claims

Completion of this screen will only be necessary once the insurer has compiled its annual reporting for the previous calendar year reporting cycle. The Yearly report must be submitted no later than March 1<sup>st</sup> each year.



When "Yearly Report" is selected the user will need to select the "Business Type" as was required for the quarterly report. Depending on the selection, the user will be required to fill in information specific to their business.

## Commercial Insurer Data

If you select “*Commercial Insurer*”, Complete the necessary Contact and Company Information fields then click on the “*yearly Information*” tab. You will be required to complete this *yearly information* fields for ***each*** medical malpractice specialty field the insurer writes. Once **all** data has been completed click “save” to save your information.

**Premium And Loss Data - Yearly Information** [X]

Your Business Type

- Commercial Insurer
- Hospital
- Non Hospital Healthcare Provider

Hospital/Non-Hospital

- Are you a Self Insured Trust?
- Are you a Captive?

[ Save ]

**General Information** | Yearly Information

Contact Information

Last Name: [ ] First Name: [ ] Middle Initial: [ ]

Phone Number: [ ] Ext.: [ ] E-mail Address: [ ]

Company Information

NAIC Number: [ ]

Name of Insurer: [ ]

Yearly Information Screen:

Yearly Information Screen:

Your Business Type:

- Commercial Insurer
- Hospital
- Non Hospital Healthcare Provider

Hospital/Non-Hospital:

- Are you a Self Insured Trust?
- Are you a Captive?

Save

General Information | Yearly Information

Insurer Premium And Loss Data By Specialty

Year: 2006

Base Premium: [ ]

Earned Premium: [ ]

Paid Losses (Including ALAE): [ ]

Incurred Losses (Include ALAE): [ ]

Type of Specialty: [ ]

Number of Providers In Specialty: [ ]

Add Specialty

Base Prem	Earned Pren	Paid Losses	Incurred Los	Specialty	Number in S
\$1,000,000.	\$1,000,000.	\$1,000,000.	\$1,000,000.	Advanced F	2

Select the “Calendar Year” being reported.

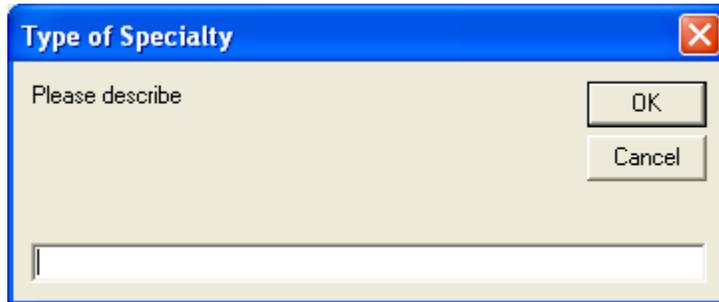
Enter the total “*Base Premium*” for the Specialty Group being reported.

Enter the total “*Earned Premium*” for the Specialty Group being reported.

Enter the total “*Paid Losses (including ALAE)*” for the Specialty Group being reported. These should be the losses and ALAE paid during the calendar year for the Specialty Group.

Enter the total “*Incurred Losses (including ALAE)*” for the Specialty group being reported. These should be the losses and ALAE, excluding Incurred But Not Reported (“IBNR”) reserves, incurred during the calendar year for this Specialty Group.

From the drop down selection choose the “Type of Specialty” that is being reported. If “Other” is selected the following screen will pop-up to type in the “Other Specialty type”.



The image shows a standard Windows-style dialog box. The title bar is blue and contains the text "Type of Specialty" on the left and a red square with a white "X" on the right. The main content area has a light beige background. At the top left of this area, it says "Please describe". Below this text is a large, empty white rectangular text box. To the right of the text box, there are two buttons stacked vertically: "OK" on top and "Cancel" on the bottom.

Next, enter the “Number of Providers In Specialty” that were insured by you during the Calendar Year being reported.

If there are more Specialty Groups to be reported, click on “*Next Specialty*” and follow the instructions above.

After completing all information for insureds (including entities), click on “Save” and you will return to the “*Quarterly Reporting*” screens.

## Hospital/Captive General Information Screen:

If you select “hospital”, you will chose between a captive or self-insured trust. If you select “captive”, you will input the required general information, then proceed to the Yearly Information tab.

**Premium And Loss Data - Yearly Information**

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

**General Information** | Yearly Information

Contact Information

Last Name:  First Name:  Middle Initial:

Phone Number:  Ext.:  E-mail Address:

Company Information

Captive License #:  Captive Domicile:

Name of Captive:

Name of Hospital:

## Hospital/Captive Yearly information Screen

On the yearly information screen the user will then need to select if the Hospital/Captive underwrites Voluntary Attending Physicians or not. Depending on this selection the user will be prompted to complete the necessary financial information.

Hospital/Captive without Voluntary Attending Physicians screen:

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Captive Premium And Loss Data

Do you underwrite Voluntary Attending Physicians through the Captive?

No  Yes

Year: 2006

Hospital's Name:

Hospital Professional Liability Premium: [No General Liability]

Hospital Net Retained Paid Professional Liability Losses:

Hospital Net Retained Incurred Professional Liability Losses:

Voluntary Attending Physicians Professional Liability Premium:

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses: [No GL]

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses:

Number of Voluntary Attending Physicians Covered:

## Definitions:

### Hospital Professional Liability Premium (No General Liability) –

The premium paid to a captive insurer for that portion of the exposure that is net retained. No general liability (GL) premium should be included.

### Hospital Net Retained Paid Professional Liability Losses –

Those paid claims and associated loss adjustment expenses paid by the captive within the amount of net retained exposure (exclusive of any excess insurance or reinsurance). Exclude GL losses.

Hospital Net Retained Incurred Professional Liability Losses – The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end. Exclude GL losses.

Click “save” and you can then return to the “Quarterly Reporting” screens to begin input of your closed claim data.

**Hospital/Captive with Voluntary Attending Physicians Yearly Information screen:**

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Hospital With Voluntary Attending Physicians

Do you underwrite Voluntary Attending Physicians through the Captive?

No  Yes

Year: 2006

Hospital's Name:

Hospital Professional Liability Premium: [No General Liability]

Hospital Net Retained Paid Professional Liability Losses:

Hospital Net Retained Incurred Professional Liability Losses:

Voluntary Attending Physicians Professional Liability Premium:

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses: [No GL]

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses:

Number of Voluntary Attending Physicians Covered:

If you select “yes” to providing coverage for Voluntary Attending Physicians under the captive, you will need to input the required loss and premium data separately for the hospital exposures and the Voluntary Attending Physicians exposures, including the number of attending physicians covered. The definitions for the required premium and loss fields are as follows:

**Hospital Professional Liability Premium (No General Liability) –**

The premium paid to a captive insurer for that portion of the exposure that is net retained. No general liability (GL) premium should be included.

**Hospital Net Retained Paid Professional Liability Losses –**

Those paid claims and associated loss adjustment expenses paid by the captive within the amount of net retained exposure (exclusive of any excess insurance or reinsurance). Exclude GL losses.

**Hospital Net Retained Incurred Professional Liability Losses –**

The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end. Exclude GL losses.

Click “save” and you can then return to the “Quarterly Reporting” screens to begin input of your closed claim data.

**Hospital/Self Insured Trust General Information Screen:**

If you select Hospital and “Self-insured Trust”, you will be asked to complete the general information screen, and then proceed to the Yearly Information tab.

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Contact Information

Last Name:  First Name:  Middle Initial:

Phone Number:  Ext.:  E-mail Address:

Company Information

Name of Self-Insured:

## Hospital/Self Insured Trust Yearly Information Screen:

For Self-insured Trusts, we require the name of the trust and for the most recent calendar year, the amount of funding for that year.

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Self Insured Trust

Year: 2006

Name of Self-Insured Trust:

Provide Most Recent Year Funding:

Trust Net Retained Professional Liability Losses Paid:

Trust Net Retained Professional Liability Losses Incurred:

For Trust the following definitions for losses apply:

**Trust Net Retained Professional Liability Losses Paid** - Those paid claims and associated loss adjustment expenses paid by the trust within the amount of net retained exposure (exclusive of any excess insurance or reinsurance).

**Trust Net Retained Professional Liability Losses Incurred** - The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end.

**Non Hospital Healthcare Provider General Information Screen:**

If you are a Non Hospital Healthcare Provider, complete the general information depending on whether you are insured through a captive or a self-insured trust and then proceed to the yearly information tab.

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Contact Information

Last Name:  First Name:  Middle Initial:

Phone Number:  Ext.:  E-mail Address:

Company Information

Captive License #:  Captive Domicile:

Name of Captive:

Name of Healthcare Provider:

Depending on whether you are a Non Hospital HCP captive (with or without voluntary attending physicians) or a Non HCP self-insured trust, refer to the appropriate instructions for “Hospitals” to complete the information for a Non Hospital Healthcare Provider. After entering the necessary data, you can return to the “Quarterly Reporting” screens.

**Non Healthcare Provider/Captive without attending physicians *Yearly Information* screen:**

**Premium And Loss Data - Yearly Information**

Your Business Type  
 Commercial Insurer  
 Hospital  
 Non Hospital Healthcare Provider

Hospital/Non-Hospital  
 Are you a Self Insured Trust?  
 Are you a Captive?

Save

General Information | **Yearly Information**

Captive Premium And Loss Data

Do you underwrite Voluntary Attending Physicians through the Captive?  
 No  Yes

Year: 2006

Healthcare Provider (HCP) Name: \_\_\_\_\_

HCP Professional Liability Premium: [No General Liability] \_\_\_\_\_

HCP Net Retained Paid Professional Liability Losses: \_\_\_\_\_

HCP Net Retained Incurred Professional Liability Losses: \_\_\_\_\_

Voluntary Attending Physicians Professional Liability Premium: \_\_\_\_\_

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses: [No GL] \_\_\_\_\_

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses: \_\_\_\_\_

Number of Voluntary Attending Physicians Covered: \_\_\_\_\_

**Non Healthcare Provider Captive with voluntary attending Physicians *Yearly Information* screen:**

**Premium And Loss Data - Yearly Information**

Your Business Type  
 Commercial Insurer  
 Hospital  
 Non Hospital Healthcare Provider

Hospital/Non-Hospital  
 Are you a Self Insured Trust?  
 Are you a Captive?

Save

General Information | **Yearly Information**

Hospital With Voluntary Attending Physicians

Do you underwrite Voluntary Attending Physicians through the Captive?  
 No  Yes

Year: 2006

Healthcare Provider (HCP) Name: \_\_\_\_\_

HCP Professional Liability Premium: [No General Liability] \_\_\_\_\_

HCP Net Retained Paid Professional Liability Losses: \_\_\_\_\_

HCP Net Retained Incurred Professional Liability Losses: \_\_\_\_\_

Voluntary Attending Physicians Professional Liability Premium: \_\_\_\_\_

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses: [No GL] \_\_\_\_\_

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses: \_\_\_\_\_

Number of Voluntary Attending Physicians Covered: \_\_\_\_\_

**Non Hospital/Self Insured Trust General Information screen:**

The screenshot shows a software window titled "Premium And Loss Data - Yearly Information". At the top left, there are two sections: "Your Business Type" with radio buttons for "Commercial Insurer", "Hospital", and "Non Hospital Healthcare Provider" (which is selected); and "Hospital/Non-Hospital" with radio buttons for "Are you a Self Insured Trust?" (selected) and "Are you a Captive?". A "Save" button is located at the top right. The main area is divided into two tabs: "General Information" (active) and "Yearly Information". Under "General Information", there are two sub-sections: "Contact Information" with fields for "Last Name", "First Name", "Middle Initial", "Phone Number", "Ext.", and "E-mail Address"; and "Company Information" with a field for "Name of Self-Insured".

**Non Hospital/Self Insured Trust Yearly Information screen:**

The screenshot shows the same software window, but with the "Yearly Information" tab active. The "General Information" tab is now inactive. Under "Yearly Information", there is a sub-section titled "Self Insured Trust" containing several input fields: "Year" (with "2006" entered), "Name of Self-Insured Trust", "Provide Most Recent Year Funding:", "Trust Net Retained Professional Liability Losses Paid:", and "Trust Net Retained Professional Liability Losses Incurred:". The "Save" button remains visible at the top right.

## Viewing Report function:

This feature is available for both the *yearly reporting* information, and the *Quarterly reporting* information. In order to use this feature the user must save their data once this is done the user can view the data that has been input. The user can have the data transferred to a word document by simply clicking on the “open document” button.

