



OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

BULLETIN NO. PC 2009-01

**TO: ALL PROPERTY & CASUALTY INSURERS LICENSED IN THE STATE OF OKLAHOMA
ALL RATING AND ADVISORY ORGANIZATIONS
ALL JOINT UNDERWRITING ASSOCIATIONS
Attention: State Filing Division**

**RE: MEDICAL MALPRACTICE – 2009 CLOSED CLAIM REPORTING
Title 36 O.S. 6810 - 6820**

FROM: OKLAHOMA INSURANCE DEPARTMENT

DATE: MARCH 14, 2009

Since 2003, the Oklahoma Insurance Department has had the obligation to collect information about medical professional liability closed claims.¹ This information is from medical professional liability policies that are issued to health care providers licensed under the authority of Title 59 and Title 63 of the Oklahoma Statutes.

Effective immediately, insurers will be required to send by email the data for the year 2009 pursuant to the attached Excel spreadsheet. The Oklahoma Insurance Department will **not** accept any format other than the attached 2009 Excel spreadsheet. The title of each spreadsheet must include the identifying number of the claim being reported on that spreadsheet. Please send one email per company (each email may contain multiple attachments-reports) to **oidreports@oid.ok.gov**. File the reports only between the 1st and 10th day following the quarter.

As insurers complete the Excel spreadsheet, please follow the attached instruction sheet to insure the accuracy of the closed claim report. Doing so will assist the Insurance Department to timely complete its obligations under the statute.

FREQUENTLY ASKED QUESTIONS AND ANSWERS:

1. Are all insurers authorized to write casualty insurance as defined in Title 36, Okla. Stat. § 707 required to submit a closed claim form?

No. Only insurers authorized to write casualty insurance that have medical malpractice liability closed claims to report are required to submit a closed claim form. If an insurer is authorized to write casualty insurance, but does not write medical professional liability insurance in Oklahoma, a “zero” report is not necessary.

¹ See Title 36, Sections 6810 – 6820 for the text of the statutes that detail this obligation.
<http://www.oscn.net/applications/oscn/deliverdocument.asp?citeID=437489>.

2. What about insurers who write medical professional liability insurance, and have active claims, but have no closed claims to report?
Insurers meeting these circumstances should submit a report with Section 1H answered "NO."
3. What about authorized casualty insurers who write medical professional liability insurance in other states, but do not write in Oklahoma and have no Oklahoma claims?
A closed claim report is not necessary.
4. If an insurer has the obligation to submit a closed claim report and fails to make a report to the Department, what will happen? What about untimely reports?
Title 36, Okla. Stat. § 6811 mandates that insurers must file a closed claim report no later than 10th day after the last day of the calendar quarter in which a claim is closed. This means that if a claim is closed in the first calendar quarter of 2008, a closed claim report is due by April 10, 2008. Note that Tit. 36, Okla. Stat. § 619 authorizes a civil penalty of not more than \$5,000 for a knowing or willful failure violation of the Insurance Code. Section 619 also authorizes revocation or suspension of an insurer's certificate of authority for a violation of the Insurance Code.

CLOSED CLAIM DEFINITION:

For the purposes of this report, a claim shall mean the claim that the insured has made to the insurance carrier for coverage. File one report for each claim insured by filing insurer with the Excel spreadsheet titled.

EFFECTIVE DATE:

The Oklahoma Insurance Department requires the use of the new form starting with the first quarter of data for 2009.

DOCUMENTS ATTACHED:

- PDF:** 2009 OK Medical Professional Liability Insurance Closed Claim Report
2009 OK Medical Professional Liability Insurance Closed Claim Report Instructions
Oklahoma Statutes: Title 36. Insurance Section 6810 – 6821
- Excel:** 2009 OK Medical Professional Liability Insurance Closed Claim Report

QUESTIONS:

Questions applicable to this bulletin should be directed to Greg Lawson at greg.lawson@oid.ok.gov of the Property and Casualty Division, or Oklahoma Insurance Department, P. O. Box 53408, Oklahoma City, OK 73152-3408.

The Oklahoma Insurance Department encourages readers of this bulletin to periodically check the Department's web site (www.oid.state.ok.us) for news and updates to Bulletins and other relevant material.

2009

**OKLAHOMA MEDICAL PROFESSIONAL LIABILITY INSURANCE
UNIFORM CLOSED CLAIMS REPORT INSTRUCTIONS**

For the purposes of this report, a claim shall mean the claim that the insured has made to the insurance carrier for coverage. File one report for each claim insured by filing insurer. Reports should be sent to the Insurance Department between the 1st and the 10th of the month following each calendar quarter. Include claims closed without payment. Complete all requested information on each report. If information is unknown, enter **UK**, if not applicable, enter **NA**. When an item calls for a dollar amount and no amount is involved, enter **0** in the space. Each entry marked (**CODE**) requires a specific code, which is described within this document. Record all amounts in **whole dollars** only and all dates as **MM/DD/YY**.

1. IDENTITY OF THE MEDICAL PROFESSIONAL LIABILITY INSURER

G. Period of time: Enter quarter and year, i.e. 3Q-03, 4Q-03.

H. Any closed claims: Enter **NO** if no claims closed and return form. If yes, enter **YES** and complete balance of questions. Complete a separate form for each closed claim, and title the form using the number of the claim being reported.

2. THE MEDICAL PROFESSIONAL LIABILITY INSURANCE POLICY

A. Business or Profession Code: 1) physicians and surgeons, 2) hospitals, 3) other medical professionals, 4) other health care facilities. (When 3 is entered specify type of professional in addition.)

C. Enter the appropriate Coverage Code for the type of policy covering the claim: 1) claims made or 2) occurrence (policy covers all claims whenever presented for events which occur during the policy term).

D. Type of Practice Code: 1) institutional (academic), 2) professional corporation or partnership (group), 3) self-employed, 4) employed physician, 5) employed nurse, 6) all other employees, 7) intern or resident.

E. Specialty Code: (five digits) from current ISO Common Statistical Base classifications. Please check with ISO annually for possible changes to specialty codes.

F. Reserves: This is the reserve in the most recent quarterly statement as filed with the state of domicile.

3. DETAILS OF THE INJURY OR LOSS

D. Enter the appropriate code of the Place Where the principal Injury Occurred: 1) hospital inpatient facility, 2) emergency room, 3) hospital outpatient facility, 4) nursing home, 5) physician's office, 6) patient's home, 7) other outpatient facility, 8) other, 9) other hospital/institutional location. Use only one code. If code 8, other, is used enter description of the place.

2009

**OKLAHOMA MEDICAL PROFESSIONAL LIABILITY INSURANCE
UNIFORM CLOSED CLAIMS REPORT INSTRUCTIONS**

E. See list below. Enter number for appropriate county.

OKLAHOMA COUNTIES

1) ADAIR, 2) ALFALFA, 3) ATOKA, 4) BEAVER, 5) BECKHAM, 6) BLAINE, 7) BRYAN, 8) CADDO, 9) CANADIAN, 10) CARTER, 11) CHEROKEE, 12) CHOCTAW, 13) CIMMARON, 14) CLEVELAND, 15) COAL, 16) COMANCHE, 17) COTTON, 18) CRAIG, 19) CREEK, 20) CUSTER, 21) DELAWARE, 22) DEWEY, 23) ELLIS, 24) GARFIELD, 25) GARVIN, 26) GRADY, 27) GRANT, 28) GREER, 29) HARMON, 30) HARPER, 31) HASKELL, 32) HUGHES, 33) JACKSON, 34) JEFFERSON, 35) JOHNSTON, 36) KAY, 37) KINGFISHER, 38) KIOWA, 39) LATIMER, 40) LEFLORE, 41) LINCOLN, 42) LOGAN, 43) LOVE, 44) MCCLAIN, 45) MCCURTAIN, 46) MCINTOSH, 47) MAJOR, 48) MARSHALL, 49) MAYES, 50) MURRAY, 51) MUSKOGEE, 52) NOBLE, 53) NOWATA, 54) OKFUSKEE, 55) OKLAHOMA, 56) OKMULGEE, 57) OSAGE, 58) OTTAWA, 59) PAWNEE, 60) PAYNE, 61) PITTSBURG, 62) PONTOTOC, 63) POTTAWATOMIE, 64) PUSHMATAHA, 65) ROGER MILLS, 66) ROGERS, 67) SEMINOLE, 68) SEQUOYAH, 69) STEPHENS, 70) TEXAS, 71) TILLMAN, 72) TULSA, 73) WAGONER, 74) WASHINGTON, 75) WASHITA, 76) WOODS, 77) WOODWARD

4. DETAILS OF THE CLAIMS PROCESS

1. 1) Yes
2) No

2. See county list for 3d above (If the answer to 4A was yes, you must provide an answer to 4B.)

3. 1) Yes
2) No

4. 1) Claim settled prior to suit being filed
2) Claim dismissed after suit filed
3) Claim settled after suit was filed, but before trial
4) During trial
5) After verdict
6) During appeal
7) After appeal

5. 1) Yes
2) No

6. 1) Yes
2) No

2009

**OKLAHOMA MEDICAL PROFESSIONAL LIABILITY INSURANCE
UNIFORM CLOSED CLAIMS REPORT INSTRUCTIONS**

7. Number of defendants:

- 1) One
- 2) Two
- 3) Three
- 4) Four
- 5) Five
- 6) Six
- 7) More than six

5. AMOUNT PAID ON THE CLAIM

Enter the appropriate dollar amounts, if any. If the total amount of allocated loss adjustment expenses or any other amount is later changed, send an amended report at the end of the quarter the adjustment occurred. Complete the report with an asterisk at the end of the claim number to make known to us that the claim was previously reported (i.e. CL4589725*). The period of time (#1.G) should be the same as previously reported.

File one report for each claim insured by filing insurer. Include claims closed without payment. **Complete a separate excel spreadsheet for each claim. Title each spreadsheet with the claim number of the closed claim that is being reported (unless the insurer is reporting that there were no closed claims).** Complete all requested information on each report. If information is **Unknown**, enter UK, if **Not Applicable**, enter NA. When an item calls for a dollar amount and no amount is involved, enter **0** in the space. Each entry marked **(CODE)** requires a specific code which is described on the instructions. Record all amounts in **whole dollars** only and all dates as **MM/DD/YY**. **NO SPACE SHOULD BE LEFT BLANK.**

CLAIM NUMBER:

--

1. IDENTITY OF THE MEDICAL PROFESSIONAL LIABILITY INSURER

A.	Name of Insurer:	
B.	NAIC Insurer Code:	
C.	Oklahoma Insurer Code:	
D.	Insurer contact person's name:	
E.	Insurer contact person's e-mail address:	
F.	Insurer contact person's phone number:	
G.	Insurer is reporting for the following period of time (CODE):	
H.	Does insurer have any closed claims for this period of time. If yes, complete the remaining portions of this document. (CODE)	

2. THE MEDICAL PROFESSIONAL LIABILITY INSURANCE POLICY

A.	Identify the business or profession (CODE):	
B.	Insurance policy limits:	
C.	Type of insurance coverage (CODE):	
D.	Identify the type of practice of the insured (CODE):	
E.	Specialty Code: five digits from current ISO Common Statistical Base classifications. Please check with ISO annually for possible changes to specialty codes (CODE):	
F.	Reserves for the claim:	

3. DETAILS OF THE INJURY OR LOSS

A.	Date of injury:	
B.	Date injury reported to insurer:	
C.	Date claim closed:	
D.	Place where injury occurred (CODE):	
E.	County where injury occurred (CODE):	

4. DETAILS OF THE CLAIMS PROCESS

1.	Was a lawsuit filed (CODE)?	
2.	If a lawsuit was filed, provide county where suit was filed (CODE):	
3.	Were attorneys involved (CODE)?	
4.	What stage was the claim closed (CODE)?	
5.	Was a court verdict issued (CODE)?	
6.	Was a verdict appealed?	
7.	Provide the number of defendants (CODE):	

5. AMOUNT PAID ON THE CLAIM

1. Total amount of the court award or settlement:	
2. Amount paid on behalf of your insured or insureds exclusive of attorney fees or case costs:	
3. Amount paid by another insurer, if available to the medical professional liability insurer:	
4. Amount paid by another defendant, if available to the medical professional liability insurer:	
5. Amount of any collateral source of payment:	
6. Amount of prejudgment interest:	
7. Amount paid for defense costs:	
8. Amount paid for punitive damages:	
9. Amount of allocated loss adjustment expenses (including defense costs):	
10. Amount paid by the medical professional liability insurer:(considering #1, 2, 5, 6, 7, 8 and 9)	