

HCSFFB Data Call Questionnaire

A completed questionnaire should accompany each insurer's data submission.

Filing Information

Please provide the relevant contact information in the spaces provided below.

Company Name:

Company Contact Person's Name:

Job Title:

Email Address:

Telephone Number:

Mailing Address:

Formatting Information

Please explain any unique formatting issues associated with the data. For example, if the data are being provided in a number of discrete sub-units (such as, say, separate files for each Data Year), please identify the separate units and explain how they fit together. If the data have been encrypted, please indicate how to undo the encryption.

Supplemental Narratives and Reconciliations

Please provide written comments on the following items. Include in your comments: (a) a *detailed* narrative response to each question posed or explanation being sought; (b) indicate the magnitude of any problem you have identified in the narrative and also estimate the resulting impact on the usefulness of the data for actuarial purposes; and, (c) provide supplemental or supporting data if necessary.

A downloadable version of the Questionnaire is available on the Department's web site at: <http://insurance.mo.gov/private/medmalindex.htm>; please use it as a template for your submission. Include your narrative responses after each separate item, taking as much additional space as necessary. Identify any supplemental data by file name in the questionnaire response and include each such data file as an attachment.

1. Were there any instances in which the instructions could not be complied with or estimates were made?

2. Does your Company's data include any information regarding any insurers who once operated as separate entities but were later absorbed via a merger or similar transaction? If so, does the prior entity's data depart from the standards of the data call?
3. In the context of changes to the definition of ALAE on the financial annual statement, explain how this data element was defined in each of the data years of the data call.
4. Reopened claims should *not* be treated as separate claim distinct from the original claim. Were there any departures from this standard?
5. As to "ancillary *corporate* exposures" associated with solo and group policies covering physicians & surgeons, and solo and group policies covering other medical professionals (identified by new subline codes 236, 237, 246, and 247, as defined for use in this data call):
 - a. Indicate whether policy limits apply to the ancillary corporate exposures on an individual limits basis or a shared limits basis. If coverage is provided on *both* an individual limits and shared limits basis, what are the approximate proportions?
 - b. Describe the way corporate exposures, premiums, claim counts, losses and ALAE are reported.
6. As to "ancillary exposures *of employees*" associated with solo and group policies covering physicians & surgeons, and solo and group policies covering other medical professionals (identified by new subline codes 236, 237, 246, and 247, as defined for use in this data call):
 - a. Indicate whether policy limits apply to the ancillary employed medical professionals such as nurses on an individual limits basis or a shared limits basis. If coverage is provided on *both* an individual limits and shared limits basis, what are the approximate proportions?
 - b. Describe the way corporate exposures, premiums, claim counts, losses and ALAE are reported.
7. Describe any departures from reporting standards specific to tail and DDR premiums, claim counts, losses and expenses.
8. For any occurrence policies issued by your company, would it be possible under the policy language for multiple limits of liability to be awarded for multiple policy years? For example, could injuries occurring in multiple policy periods be treated as a distinct occurrence or does policy language preclude such a possibility?
9. Does your Company track related claims filed by a single party against multiple insureds (sometimes referred to as "occurrences")? For example, is the Company's system able to identify as an "occurrence" situations where two insured doctors are sued for the same malpractice event or related series of malpractice events?
10. Does the Company's response to the data call include claims associated mass tort or product liability cases, such as those involving Fen-Phen, Vioxx, or breast implants? If so, please identify the particular mass tort cases in question and provide the number of reported claims, closed claims, paid losses, paid ALAE, and year-end case basis reserves for each calendar year.

11. During the experience period (1997 to 2008), did the Company make changes in reserving practices, legal defense of claims, or other aspects of claims administration that impact loss development? If so, please explain.
12. During the experience period (1997 to 2008), did the Company make significant changes in coverage due that impact loss development or trends? If so, please explain.
13. Please explain any other significant issues or problems with the Company’s responses to the data call.
14. Data Set #3 is designed to collect information on case basis ALAE and indemnity loss reserves. Because the reserves for claims that are still open are viewed by insurers as highly sensitive, Data Set #3 is designed to be “highly aggregated,” such that information on individual claims will likely be combined with many other similar claims, obscuring the specific details of the individual claims. However, whether Data Set #3 achieves this result will depend on a variety of factors, including the number and variety of an insurer’s claims. If in responding to this data call an insurer realizes that sensitive research information is not being adequately protected, the insurer should contact the Department’s statistics section at statistics@insurance.mo.gov to discuss possible alternative reporting procedures.
15. *Claim Count Reconciliations:* The Company’s “total claims count” and “open claims count” for the various data years covered by the data call should closely approximate the total number of individual claims and open claims reflected in the individual reports that have already been submitted to the Department by the Company under the claim reporting requirements of Section 383.105, RSMo. Below, please provide these two sets of totals for the separate years covered by the data call. Thereafter, provide an explanation for any years where the totals for either set differ by more than 5%. Contact DIFP for information about medical malpractice claims from your company on file.

Year	Total Claims Closed [from Section 383.105, RSMo Reports]	Total Claims Closed [from HCSFFB Data Call]	Difference in Excess of 5% (if Any)	Total, Claims Open at Year End [from Section 383.105, RSMo Reports]	Total, Claims Open at Year End [from HCSFFB Data Call]	Difference in Excess of 5% (if Any)
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						
2005						
2006						
2007						
2008						

Explanations, (if any):

16. *Additional Reconciliations:* Below are three reconciliation tables to be complete for each year of the data call (1997 through 2008) for which the reporting insurer was actively providing coverage or paying claims in Missouri. The reconciliations are designed to compare the reporting insurer's NAIC Annual Statement information for the Missouri Medical Malpractice page for Direct Written Premium, Direct Earned Premium and Direct Paid Indemnity Losses and ALAE Losses with the corresponding information contained in the insurer's responses to the data call. In addition to performing the reconciliations, the reporting insurer is asked to explain any differences in excess of 5% between the NAIC numbers and the data call numbers. *Since deviations of this magnitude could indicate significant underlying problems, reporting insurers should work to avoid such large deviations.*

The Department's web site has a set of spreadsheet templates for the data call, with a separate sheet for Data Set #s 1, 2, 3, and 4 *and* a final sheet for the reconciliations under this Item 16 of the Questionnaire.

The Department's spreadsheet templates can be accessed via:

<http://insurance.mo.gov/private/medmalindex.htm>

Direct Written Premium and Direct Earned Premium Reconciliations

	(1)	(2)	(3)	(4)	(5)	(6)
	Direct Premiums Written	Direct Written Premium	Written Premium Reconciliation	Direct Premiums Earned	Direct Earned Premium	Earned Premium Reconciliation
Year	[from Supplement A to Schedule T, Column 1*]	[from Data Set #1]	[(2) minus (1) = (3)]	[from Supplement A to Schedule T Column 2*]	[from Data Set #1]	[(5) minus (4) = (6)]
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						
2005						
2006						
2007						
2008						

*Designations refer to the numbering scheme for 2009. Prior years may differ.

Indemnity Losses Paid Reconciliation

Year	(1)	(2)	(3)
	Direct Indemnity Losses Paid (deducting salvage) [from State Page, Line 11, Column 5*]	Direct Indemnity Losses Paid [from DILP, Data Set #4]	Paid Indemnity Reconciliation [(2) - (1) = (3)]
1997			
1998			
1999			
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			

*Designations refer to the numbering scheme for 2009. Prior years may differ.

ALAE Paid Reconciliation

Year	(1) ALAE (Defense Costs Paid) [from State Page, Line 11, Column 8*]	(2) ALAE_Paid [from Data Set #4]	(3) Paid ALAE Reconciliation [(2) - (1) = (3)]
1997			
1998			
1999			
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			

*Designations refer to the numbering scheme for 2009. Prior years may differ.

Case Basis Reserve Reconciliation

Year	(1) Case Basis Reserves (Unpaid Losses) [from Supplement A to Schedule T, line 26, Column 6*]	(2) Reserves Posted as of the End of Data Year [from CBLRes, Data Set #3]	(3) Reserve Reconciliation [(2) – (1) = (3)]
1997			
1998			
1999			
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			

*Designations refer to the numbering scheme for 2009. Prior years may differ.