GUIDELINE FOR IMPLEMENTATION OF MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM REPORTING

PART A SUGGESTED REGULATION ON REPORTING REQUIREMENTS

Table of Contents

S . S P p
D e
A p S
C m R d B e R p
A g C d d
R p R p D a
R D E m

Section 1. Statement of Purpose

T h 4.043 0 T 1 5 u h M edical AIC Professional Liability Closed Claim Reporting Model Law.

Section 2. Definitions

A s g

A. " " 2A Medical Professional Liability Closed Claim Reporting Model Law.

B. " 5A(1) Medical Professional Liability Closed Claim Reporting Model Law.

C. " 2B Medical Professional Liability Closed Claim Reporting Model Law.

D. " 2C Medical Professional Liability Closed Claim Reporting Model Law.

E. " 2D Medical Professional Liability Closed Claim Reporting Model Law.

F. " 2E Medical Professional Liability Closed Claim Reporting Model Law.

G. " -

(2) P

(3) If

B. If asgysas sdkbpon

(c) M

(d) M

(2) P

(a)

N AIC Mdlw R 0le 2gCdl0e R

(e)

N AIC Mdlw R 0le 2gCdl0e R

Reasonability

R

le R P 3 (s4-4 (a0.7 (1-5.(

$$\sum_{i\ c}^{N} X_i \quad \frac{p}{} \quad X_{2i}$$

Agency Threshold minimum

III. Internal Policies and Procedures

IV. Sharing data with other state insurance departments

Item #	Data Field	Description	Format
33			

Item 3: Claim dentifier

Eqqq

NPDB Occupation/Field of Licensure Codes	
Code	Description
	Chiropractor
603	C
	Counselor
621	C -M
651	P
654	P -
657	P -
660	P -
661	M

NPDB Occupation/Field of Licensure Codes	
Code	Description

NPDB Occupation/Field of Licensure Codes	
Code	Description
755	
758	

Other Health Care Facility	
381	A D
383	I R
386	R P
388	0 R R
391	A
392	A
394	H Q
395	M
396	

Item 14: Location within facility where incident occurred

Code	Description
	Inpatient Facilities
1	C
2	C
3	D
4	E
5	L
6	L
7	N
8	O
9	O
10	P
11	P
12	P

NPDB Allegation Codes	
304	I
305	I
306	I
307	I
308	I
309	I
310	I
311	I
312	I
313	L
314	P
315	M
316	P
317	P
318	P
319	P
320	P
321	R
322	
323	
324	
325	
326	
327	
328	
329	
330	
331	
332	
333	
334	
Unnecessary/Contraindicated Procedure	
400	C
401	
402	
403	
404	
Communication/Supervision	
500	C
501	F
502	F
503	F
504	F
505	I
Continuity of Care / Management	
600	F
601	F
602	P
603	A
Behavioral / Legal	
700	A
701	A

NPDB Allegation Codes	
702	B
703	B
704	E
705	B
706	F
707	F
708	F
709	F
710	F
711	(
712	I
713	N
714	P
715	P
716	R
717	
718	
719	
720	
899	

Item 22: Severity of injury code

Code	Severity Description	Examples
Temporary Injuries (Codes 1-4)		
1	E	F
2	I	L
3	M	I
4	M	B
Permanent Injuries		
5	M	L I
6	S	

Item 28: Claim Disposition Code

Claim Disposition Codes

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Appendix 1

SCHEDULE T DATA RECONCILIATION FORM

Line Number	Line	Loss paid number of claims	Losses paid dollar amount

Appendix 2

SAMPLE CONFIDENTIALITY FORM

LIMITED DATA SET DATA USE AGREEMENT

R

R
R

1.

2. P R

3. P

N P

GL-1077-42

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For the Requester

For the Commissioner

Chronological Summary of Action (all references are to the Proceedings of the NAIC)

2010 Proc. 2nd Quarter, Vol. I 130, 111, 124, 129, 3 8, 432 (adopted).