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BULLETIN 02-011 **October 1, 2002**

NEVADA MEDICAL PROFESSIONAL LIABILITY

Newly enacted legislation, Assembly Bill 1 of the 18th Special Session of the Nevada State Legislature, requires the Division of Insurance (Division) to monitor and maintain records of all:

1. Premiums charged for policies of insurance covering the liability of a practitioner licensed to practice medicine, dentistry or osteopathic medicine pursuant to chapter 630, 631 or 633 of the Nevada Revised Statutes (NRS) for a breach of his professional duty toward a patient; and

2. Jury verdicts and settlements of cases and claims relating to the liability of a practitioner licensed to practice medicine, dentistry, or osteopathic medicine pursuant to Chapter 630, 631, or 633 of NRS for a breach of his professional duty toward a patient, including, without limitation:

   - The amount of each jury verdict or settlement;
   - For each case or claim, whether any limitation on the amount of any damages applied; and
   - For each case or claim, the effect of any applicable limitation on the amount of any damages.

NEVADA MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM REPORT

The Division has revised the closed claim reporting form in order to collect and maintain the information required pursuant to the new legislation and NRS 690B.050. The new form is the NEVADA MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM REPORT ("Closed Claim Report"), Form Number NDOI-1102, revised October 1, 2002, and is effective for claims closed on or after October 1, 2002. All claims pertaining to the liability of a practitioner licensed to practice medicine, dentistry, or osteopathic medicine pursuant to Chapter 630, 631, or 633 must be reported to the Division of Insurance within 30 days of closure of each claim, whether or not any payment was made to the claimant. In the event that there is a change or a correction to the information reported to the Division, the insurer shall submit an updated report to the Division within 30 days of such change or correction.

NEVADA MEDICAL PROFESSIONAL LIABILITY QUARTERLY REPORT

The Division has created the NEVADA MEDICAL PROFESSIONAL LIABILITY QUARTERLY REPORT ("Quarterly Report") to collect and maintain the policy information required pursuant to the new legislation and to reconcile the information reported in the Closed Claim Report. The Quarterly Report applies to claims closed on or after October 1, 2002, and policies written on or after October 1, 2002. The first report will be due January 15, 2003, for the quarter ending December 31, 2002. Subsequent reports will be due 15 days after the end of each quarter. The last report will be due October 15, 2005, for the quarter ending September 30, 2005.

OTHER REPORTING REQUIREMENTS

Sections 54 and 63 of Assembly Bill 1 require insurers to report any action filed or claim submitted to arbitration or mediation for malpractice or negligence against the physician to the Board of Medical Examiners or the Board of Osteopathic Medicine, as applicable. The report must be made within 30 days after the action was filed or the claim was submitted to arbitration or mediation. Another report must be made within 30 days after the disposition of the action or claim. Failure to comply may result in administrative fines up to $10,000 for each failure to report. There is no minimum reporting threshold for Section 54 or Section 63.

Pursuant to NRS 690B.045, insurers covering the liability of a practitioner licensed pursuant to Chapters 630 to 640, inclusive, of NRS for a breach of his professional duty toward a patient shall report to the board which licensed the practitioner. This report shall be made within 30 days of each settlement or award made or judgment rendered by reason of a claim, if the settlement, award or judgment is for more than $5,000. The insurer must report the name and address of the claimant and the practitioner and the circumstances of the case.

For any questions concerning this report, please contact the Property and Casualty section of the Division at (775) 687-4270.

BULLETIN 98-005 is withdrawn.

ALICE A. MOLASKY-ARMAN
Commissioner of Insurance

Nevada Medical Professional Liability Closed Claim Report

I. Background

1. Name of Insurer		2. Insurer Claim No.
3. Injury Date (Date of Loss)	4. Report Date	5. Closure Date
6. Policy Type (choose a, b, or c) a) ___ Occurrence b) ___ Claims made c) ___ Tail/Reporting Endorsement		
7. Policy Limits (Per Claim/Aggregate) $_____ /$_____		8. Date This Closed Claim Report Submitted
9. Type of Report (choose a or b) a) ___ Initial Report b) ___ Updated Report		

II. Defendant & Co-Defendants

1. Defendant's Name	Last	First	M.I.	Credentials (e.g. MD, DO, DMD, DDS)
2. License Number	3. Specialty Description _____ ISO Code _____			4. Co-Defendant(s)? ___ Yes ___ No ___ Unknown
5. Number of Co-Defendant(s): ___ or ___ Unknown				
6. Name, License Number and Insurer of Each Co-Defendant, if known:				

III. Injured & Injury

1. Injured Party's Name	Last	First	M.I.	2. Sex: ___ Male ___ Female
3. Age	4. Date of Birth (MM/DD/YY)	5. Malpractice code (per Appendix 1):	6. Injury Code (per appendix 2):	
7. Description of Alleged Malpractice and Injuries (Attach Additional Sheet(s) if Necessary.)				
8. City Where Injury Occurred	9. Name of Institution (If Injury Occurred in Institution)			

IV. Medical/Dental Screening Panel (Hereafter, Panel)

1. Case Filed with Panel? ___Yes, ___ No, ___Unknown (IF YES, ANSWER QUESTIONS 2 AND 3)
2. Panel Case Number
3. Panel Decision: Is there Reasonable Probability of Malpractice? a)___ Yes b) ___ No c) ___ Unable to Decide d) ___ Case Dismissed e) ___ Other [case settled/withdrawn before panel met]
4. Court Case Filed After Panel Decision ___ Yes ___ No ___ Unknown

V. Court Case

1. Court Case Filed? ___Yes, ___ No, ___Unknown (IF YES, ANSWER QUESTIONS 2 - 7)		
2. Court Case Number	3. Court Name	4. Court Department Number
5. Date Court Case Was Filed	6. Date Verdict Was Filed, if Applicable	7. Date Settlement Offer Accepted, if Applicable

VI. Reserves (Amounts Attributed to this Defendant Only, If Multiple Defendants)

1. Reserves	Initial $	Highest $	Last $

VII. Claim Disposition (Attributed to this Defendant Only)

1. Claim Disposition (check one)	a) ___ Decided By Trial in Favor of Plaintiff	b) ___ Decided By Trial in Favor of Defendant	c)___ Decided by Arbitrator in Favor of Plaintiff	d)___ Decided by Arbitrator in Favor of Defendant
e) ___ Settled w/o Court or Prior to Trial	f)___ Claim Denied	g) ___ Claim Inactive	h) ___ Claim Withdrawn	i) ___ Other
2. If Claim Disposition is e, f, g, h or i, Please Explain				

Name of Insurer	Insurer Claim No.
Defendant's Name (Last, First, M.I.)	Date This Closed Claim Report Submitted

VIII. Verdict Information (Attributed to All Defendants in Case)

1. Verdict Awarded $ or ___ N/A

IX. Claim Information (Amounts Attributed to this Defendant Only, If Multiple Defendants)

1. Verdict or Settlement Awarded $ or ___ N/A		2. Verdict or Settlement Paid $ or ___ N/A	
3. Reasons for Amount Awarded (1) Not Being Equal to Amount Paid (2), if Applicable (Check More than One, if Applicable) a) ___ Post Verdict Settlement b) ___ Award Reduced to Present Value c) ___ Interest Awarded d) ___ Court Costs Awarded e) ___ Non-economic damages limited by Judge to $350,000 f) ___ Award Capped by Judge at Policy Limit g) ___ Other (Explain)			
4. How Will/Did Plaintiff Receive Payments ?	a) ___ Lump Sum	b) ___ Periodic Payments	c) ___ N/A
5. If Periodic Payments, What is the Present Value (as of Date of Award) of the Payments? $			
6. Sources of Award Payments	a) Company $	b) Defendant $	c) Other (describe) $
7. Allocated Loss Adjustment Expenses	Total $	Attorney's Fees $	Other $

X. Claim Information (Amounts Attributed to Other Defendants)

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description ___	ISO Code ___	4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown		6. Verdict or Settlement Awarded $ or ___ N/A		

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description ___	ISO Code ___	4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown		6. Verdict or Settlement Awarded $ or ___ N/A		

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description ___	ISO Code ___	4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown		6. Verdict or Settlement Awarded $ or ___ N/A		

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description ___	ISO Code ___	4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown		6. Verdict or Settlement Awarded $ or ___ N/A		

(Attach Additional Sheet(s) if Necessary.)

XI. Closed Claim Report Information

1. Contact Person's Name (Last, First)
2. Contact Person's Phone Number {(999) 999-9999}
3. Contact Person's Address

Name of Person Responsible for Report (Last, First)
Signature of Person Responsible for Report

Appendix 1

Cause of loss for Question III. 5.

Code	Description
Procedure Related Causes	
MP	Mistake in Performance, Improperly Performed
DP	Delayed
NP	Not Performed
WP	Wrong Procedure, Procedure Not Indicated
BP	Better Alternative Available
OP	Other Procedural Errors, Including Misprescription of Medication
Diagnosis Related Causes	
FD	Failure to Diagnose
DD	Delayed Diagnosis
WD	Wrong Diagnosis
OD	Other Diagnostic Errors
Other Causes	
IO	Failure to Inform, Lack of Informed Consent
SO	Lack of Supervision
PO	Failure to Prevent Harm
OO	Other Cause(s) not Listed Above

Appendix 2

Injury Codes for Question III.6. (if multiple injuries, select code most applicable to primary injury)

Code	Description
Death	
DTH	Death (e.g., fetal death, death of patient)
Non-Physical/Emotional Injury	
NPh	Non-Physical (e.g., abandonment, breach of contract, deposition, emotional distress, defamation, negligent referral, subrogation, loss of consortium, sexual misconduct)
Physical Injury without Death	
BnD	Bone Damage (e.g., fracture)
Bth	Birth Injury (e.g., complications, brain damage to new born, abortion problems)
Crc	Circulatory Injury (e.g., heart failure, hemorrhage)
Dis	Disease (e.g., AIDS, cancer)
DLE	Diminished Life Expectancy (e.g., usually from a failure to diagnose)
Dsf	Disfigurement (e.g., scars)
Drm	Dermal Injury (e.g., burns)
Dnt	Dental Injury (e.g., broken tooth)
DLU	Diminished Use/Loss of Use (e.g., disablement of a limb, but not loss of the limb)
FnB	Foreign Body (e.g., left after surgery)
Inf	Infection (e.g., usually resulting from surgery)
LLO	Loss of Limb/Organ (e.g., amputation, removal)
MLI	Muscular/Limb Injury (e.g. atrophy)
Nrv	Nervous System (e.g., paralysis, nerve damage)
Org	Organ Injury (e.g., perforation, rupture)
Opt	Optical/Sensory Injury (e.g., vision, hearing)
Pan	Pain
Prl	Prolonged (e.g., additional care, delayed recovery)
Rpr	Reproductive System (e.g., infertility)
SdE	Side Effects (e.g., reactions)
Wrg	Wrong Organ Removed, Injury Caused by Unnecessary Treatment
Note:	**If Other Injury, select one of the above codes that has the closest match**

1. Initial report is due 15 days after end of quarter. For instance, the first report, for quarter ending December 31, 2002 is due January 15, 2003.

2. Fill out report completely. Incomplete reports will be returned.

3. For Section II, Closed Claim Summary, include all claims pertaining to the liability of a practitioner licensed to practice medicine, dentistry or osteopathic medicine pursuant to chapter 630, 631, or 633. This information will be used by the Division to reconcile the Nevada Medical Professional Liaiblity Closed Claim Report Database.

4. In Section 3, include premium information pertaining to professional liability for practioners licensed to practice medicine, dentistry and osteopathic medicine pursuant to chapter 630, 631 or 633 of NRS.

5. Include all exposures with policy effective dates during the quarter. For instance, the premium and policy count for a physician with a policy effective October 15, 2002 should be included in the QE 123102. If the policy term is longer than annual, include one year's worth of exposure.

6. To calculate Mature Full-Time Equivalent exposure count, adjust the raw count for part-time and immature claims-made step. For instance, suppose there is a physician who works half time and is at step 2. The part-time credit factor is .5 and the claim-made step factor is .7. Then the Mature Full-Time Equivalent policy count is 1.0 * 0.5 * 0.7 or 0.35.

7. If you need clarification, contact the Division at (775) 687-4270.