

COMMONWEALTH OF VIRGINIA



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STATE CORPORATION COMMISSION BUREAU OF INSURANCE

November 8, 1989

**Administrative Letter
1989-11**

TO: All Companies Licensed to Write Liability Other Than
Automobile Insurance In Virginia

RE: Reporting Of Medical Malpractice Claims Pursuant to
Virginia Code Section 38.2-2228

Effective July 1, 1989, §38.2-2228 of the Code of Virginia was amended to require that all medical malpractice claims opened, settled, or adjudicated to final judgment against a person, corporation, firm, or entity providing health care and any such claim closed without payment during each calendar year shall be reported annually to the Commissioner of Insurance. These claims must be reported by the insurer of the health care provider or, if there is no insurer, by the health care provider. The reports shall not identify the parties.

The report shall include a statistical summary of the information collected in addition to an individual report on each claim. Each statistical summary and each individual closed claim report shall be a matter of public record. Individual open claim reports are not public records.

We are enclosing two revised forms, which should be reproduced, for use by each company. Beginning July 1, 1989, revised form VMM2 (10/89) must be completed for each individual medical malpractice claim opened, settled, or adjudicated to final judgment or closed without payment. Revised form VMM1 (10/89) is the statistical summary report to be completed by each company aggregating the information from the VMM2 (10/89) individual reports. VMM2(10/89) now has a Provider Specialty Code List on the back of the form which should be used for question number 4.

All claims reported to or closed by the company on or after July 1, 1989 should be reported to the Bureau on the new form VMM2 (10/89).

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All claims closed by the company before July 1, 1989 should be reported to the Commission on the old form VMM2 (11/85). For calendar year 1989, the statistical summary report, VMM1 (10/89), should include all claims reported on the old form and the new form. These should be received by the Commission no later than March 1, 1990. Subsequent reports should be on a calendar year basis and received by the Bureau of Insurance no later than March 1 of each ensuing year.

Please include the company's NAIC number in the space provided on each form. Do not use group numbers. Also please separate the individual closed claim reports from the individual open claim reports.

Any questions you have concerning this matter should be communicated to the Bureau in writing.

Sincerely,



Steven T. Foster
Commissioner of Insurance

STF:dw
Enclosures

**SUMMARY REPORT OF VIRGINIA MEDICAL MALPRACTICE CLAIMS
PURSUANT TO SECTION 38.2-2228**

TO: COMMISSIONER OF INSURANCE
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
BOX 1157
RICHMOND, VIRGINIA 23209

DATE: _____
INSURER: _____
ADDRESS: _____

NAIC #: _____
(NO GROUP #'S)

SUMMARY REPORT FOR CALENDAR YEAR : _____

1. a. Total number of OPEN claims as of 12/31 of the current report year. ----- _____
- b. Total amount of damages asserted on these claims. \$ _____
- c. Total amount of attorney's fees and expenses reserved as of 12/31 for these claims. \$ _____
- d. Total amount of indemnity reserves valued as of 12/31 for these claims. \$ _____
- e. Total amount of attorney's fees and expenses paid as of 12/31 for these claims. \$ _____
- f. Total amount of indemnity paid as of 12/31 for these claims. \$ _____
2. a. Total number of claims CLOSED WITH INDEMNITY PAYMENT. ----- _____
- b. Total amount of damages asserted on these claims. \$ _____
- c. Total amount of settlements and judgements for these claims. \$ _____
- d. If different from 2(c), total amount of indemnity losses paid on these claims. \$ _____
- e. Total amount of attorney's fees and expenses paid on these claims. \$ _____
3. a. Total number of claims CLOSED WITHOUT INDEMNITY PAYMENT. ----- _____
- b. Total amount of damages asserted on these claims. \$ _____
- c. Total amount of attorney's fees and expenses paid on these claims. \$ _____

REPORT SUBMITTED BY:

Signed: _____
Print Name: _____
Title: _____
Phone No. : ()

INDIVIDUAL REPORT OF VIRGINIA MEDICAL MALPRACTICE CLAIMS
PURSUANT TO SECTION 38.2-2228

0: COMMISSIONER OF INSURANCE
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
BOX 1157
RICHMOND, VIRGINIA 23209

STATUS OF CLAIM: _____
(OPEN/CLOSED)

STATUS OF REPORT:

_____ FIRST REPORT

_____ REVISION OF
PREVIOUS REPORT

DATE: _____

INSURER: _____

ADDRESS: _____

NAIC #: _____

(NO GROUP #'S)

COMPANY CLAIM FILE NUMBER: _____

1. NATURE OF CLAIM: _____

2. DOLLAR AMOUNT OF DAMAGES ASSERTED AND ALLEGED INJURY: _____

3. PRINCIPAL MEDICAL AND LEGAL ISSUES: _____

4. SPECIALTY CODE OF HEALTH CARE PROVIDER: (USE LIST ON BACK): _____

5. DATE REPORTED TO COMPANY: _____ 6. DATE LOSS OCCURRED: _____

7. DATE THE INITIAL RESERVE WAS ESTABLISHED: _____

8. AMOUNT OF INITIAL RESERVE: INDEMNITY _____ ATTORNEY'S FEES
& CLAIM EXPENSE _____

9. RESERVE VALUED AS OF 12/31 OF THE CURRENT REPORT YEAR:
INDEMNITY: _____ ATTORNEY'S FEES & CLAIM EXPENSE: _____

10. CUMULATIVE PAYMENTS VALUED AS OF 12/31 OF THE CURRENT REPORT YEAR:
INDEMNITY: _____ ATTORNEY'S FEES & CLAIM EXPENSE: _____

11. IF THE CLAIM IS CLOSED, DATE CLAIM WAS CLOSED: _____

THE AMOUNT OF SETTLEMENT OR JUDGEMENT AWARDED TO THE CLAIMANT: _____

THE AMOUNT OF INDEMNITY LOSS THE INSURER HAS PAID IF DIFFERENT
FROM THE SETTLEMENT OR JUDGEMENT AWARDED TO CLAIMANT: _____

PROVIDER SPECIALTY CODE LIST

050	Aerospace Medicine	015	Ophthalmologist
001	Allergist	068	Optician
002	Anesthesiologist	034	Optometrist
055	Broncho-Esophagologist	057	Oral Surgeon
003	Cardiologist	058	Orthodontist
128	Cardiovascular Surgeon	528	Orthopedic Surgeon
041	Chiropractor	033	Orthopedist
064	Clinic	047	Osteopathic Medicine
228	Colon and Rectal Surgeon	016	Otologist
059	Dental Student	017	Otorhinolaryngologist
030	Dentist	018	Pathologist
004	Dermatologist	019	Pediatrician
052	Diabetes Specialist	060	Periodontist
005	Emergency Room Physician	031	Pharmacist
006	Endocrinologist	020	Pharmacologist
007	Family or General Practitioner	039	Phlebotomist
107	Family Practitioner (Claim Involves OB/GYN Care)	044	Physical Medicine and Rehabilitation Specialist
053	Forensic Medicine	021	Physical Therapist
008	Gastroenterologist	728	Plastic Surgeon
328	General Surgeon	032	Podiatrist
042	Geriatrician	072	Preventive Medicine
070	Group Practice	069	Psychiatric Institution
009	Gynecologist/Obstetrician	022	Psychiatrist
010	Hematologist	036	Psychologist
029	Hospital	073	Public Health
071	Immunology	023	Pulmonary Disease Specialist
048	Infectious Disease Specialist	024	Radiologist
011	Internist	037	Resident, Intern, or Medical Student
012	Laryngologist	025	Rheumatologist
054	Legal Medicine	026	Rhinologist
066	Medical Facility Not Otherwise Specified	028	Surgeon not otherwise specified
051	Medical Technician/Laboratory	828	Thoracic Surgeon
049	Neoplastic Disease Specialist	067	Urological Surgeon
013	Nephrologist	027	Urologist
428	Neurological Surgeon	043	Other (not specified above)
014	Neurologist		
046	Nuclear Medicine		
035	Nurse		
061	Nurse Anesthetist		
062	Nurse Midwife		
063	Nurse Practitioner		
065	Nursing Home		
040	Nursing Student		
056	Nutritionist		
628	OB/GYN Surgeon		
045	Occupational Medicine		
038	Oncologist		