Aon/ASHRM 2015 Hospital and Physician Professional Liability Benchmark Analysis

Data Call

May 15, 2015
HPL.Benchmark@aon.com

Deadline for Participation: July 17, 2015
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Welcome to the 2015 Study!

Dear Benchmarking Participant:

On behalf of our benchmarking team I would like to thank you for your interest in participating in the 2015 Aon/ASHRM Hospital and Physician Professional Liability Benchmark Study. This year’s study will mark our 16th annual publication. As in the past, the 2015 Benchmark will be aimed at providing self-insured health care organizations with research and data regarding the costs of retaining risk.

We are proud to note that this research initiative is unique in its audience and message - we collect information directly from self-insureds in an effort to report results of interest to self-insured organizations.

This document serves as our “Data Call” or the set of instructions for data submission and participation. There are generally two parts to the data submission process. First, all participants must complete the online survey (Part I). Secondly, participants must send claim and exposure data to the benchmark team (Part II). In cases where Aon has access to this data for other purposes, participants can simply complete Part I only.

If you have any questions or comments relating to the survey please e-mail us at Hpl.benchmark@aon.com

or contact:

Erik Johnson  
919-786-6246

Virginia (“Genny”) Jones  
410-547-2929
I. 2015 Aon/ASHRM Brief Survey

REQUIRED –

- **Purpose:** To collect participant contact information, consent to terms and conditions, and to ask a brief set of risk management questions.

- Note that in organizations must complete the contact information (Part A) and consent portion (Part B) of the survey in order to participate. The risk management survey portion (Part C) is optional.

- Expected Time to Complete: 15-30 minutes

- The deadline for participation is July 17, 2015.

- Please complete the survey and registration using the following link:

  [Click this link to complete the Registration]
II. Loss Data Requirements
Recent Professional Liability Loss Run

REQUIRED

- Valued as of some date on or after 12/31/2014
- Covering a 10 year history of occurrences, specifically 1/1/2005 occurrences through valuation date - or as many historical years as possible
- Individual loss (claim level) detail in a Microsoft Excel compatible format.
- Financial fields (Required #7-10 below) should be presented on a “ground up”, “unlimited” basis – including amounts falling within deductibles or retentions and/or in excess layer coverage.
- Loss Run should not include any detail that indentifies patients – Do not include claimant name within the submission.

*We strongly encourage participants to provide Optional Field #20, as this will help us enhance our quality and patient safety research.*

The loss run should include the following data fields:

<table>
<thead>
<tr>
<th>REQUIRED Data Fields</th>
<th>OPTIONAL Data Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Claim Number/ID (DO NOT SEND Claimant Name)</td>
<td>12. Department/Place of Occurrence</td>
</tr>
<tr>
<td>2. Occurrence Date</td>
<td>13. Claim Type/Litigation Type (see p. 5)</td>
</tr>
<tr>
<td>4. Closed Date</td>
<td>15. Accident/Claim Description</td>
</tr>
<tr>
<td>5. State</td>
<td>16. Cause/Allegation</td>
</tr>
<tr>
<td>6. Facility Name</td>
<td>17. Injury/Nature of Injury</td>
</tr>
<tr>
<td>7. Indemnity Paid</td>
<td>18. Facility Address</td>
</tr>
<tr>
<td>8. Indemnity Outstanding Case Reserve</td>
<td>19. Facility Zip Code</td>
</tr>
<tr>
<td>9. Expense Paid</td>
<td>20. CMS Certification Number (CCN)</td>
</tr>
<tr>
<td>10. Expense Outstanding Case Reserve</td>
<td></td>
</tr>
<tr>
<td>11. Coverage (i.e. HPL/PPL/GL)</td>
<td></td>
</tr>
</tbody>
</table>

**Loss Run Field: Claim Type**

**Purpose:** To investigate indemnity and expense differentials between trials, suits, non-suit settlements, and expense only claims.

- For each record in the Loss Run, please describe the “claim type” as of the valuation date:
  1. “Trial”
  2. “Suit – No Trial”
  3. “Non-Suit Settlement” - Indemnity settlement, but no suit filed
  4. “Other” – Was not a lawsuit, and no settlement or indemnity payment was necessary to dispose of the claim

- Please code all items in the loss run.

- Lawsuits should not include Notice of Intent claims (NOI) – these should be considered non-suited claims for the benchmark submission
III. Exposure Data Requirements

REQUIRED

- Historical exposure data by Calendar Year (i.e. 1/1 basis) or by Policy Year
- Provide same set of years as shown in loss runs
- Provide exposure broken out by facility (if available)

For each facility and year, please provide the following 5 categories of Exposure Information:

1. **Occupied Beds by Type:**
   1. Acute Care
   2. Intensive Care
   3. Psychiatric
   4. Rehabilitation
   5. Long Term Acute Care

2. **Visits by Type:**
   1. ED Visits
   2. Births/Deliveries
   3. Inpatient Surgery
   4. Outpatient Surgery
   5. Other Outpatient Visits (ex. ED visits)

3. **Employed Physician FTEs by Specialty:**
   1. Provide by state
   2. Provide by facility (if possible)

4. **Facility Information Listing:**
   1. Name
   2. CMS Certification Number (CCN)
   3. Address (if possible)
   4. Zip Code (if possible)

5. **Revenue and Admission Information:** See p. 7 for more detail on requirements
Exposure Data: Revenue Information

- **Purpose:** To use system revenue as an alternative measure of exposure for measuring HPL costs.

**REQUIRED**
- Historical system revenue for at least last 5 years (10 years is preferred)
- If possible, please provide by state and/or facility.
- Please label the revenue figures using “month/day/year starting – year ending” (i.e. 10/1/2013-2014)
- Please provide the following for each Fiscal Year:

1. **Net Inpatient Revenue** – this refers to *inpatient* revenue net of write-offs for unpaid care

2. **Net Outpatient Revenue** – this refers to *outpatient* revenue net of write-offs for unpaid care

Please label the amounts as “Inpatient” and “Outpatient”. If only a “Combined” amount is available please label as “Combined”.

If amounts are stated in thousands please label as “Revenue (000)”.


Frequently Asked Questions

Q: Do I need to agree to the consent terms & conditions?
   A: Yes, if you do not agree, we cannot include you in the study or send you a free copy.

Q: Does it cost anything to participate?
   A: There is no charge for participation. And in return for participation you receive a free copy of the completed benchmark report.

Q: Should I include events/possibles in my loss information?
   A: Yes, we want ALL claim detail, including claims, suits, events, possibles, zero-dollar items etc.

Q: Should I include open claims in my loss information?
   A: Yes, include both closed and open claims.

Q: I don’t have 10 years of data…
   A: Provide as many years of data as possible, we will still use smaller sets of data.

Q: What is the bare minimum that I need to send to participate?
   A: 1) Recent Valued Loss Run and 2) Historical Exposure Data (you have likely compiled these items for your most recent PL insurance renewal). 3) Survey (at least the contact information and consent part)

Q: Should I include our divested facilities?
   A: This is up to you, however, if you include, please be sure to provide both loss data and corresponding exposure data for these facilities.

Q: What if I don’t have some of the fields requested in the loss run?
   A: Send us the fields you do have.
Contact Information

If you have any additional questions, please feel free to contact:

Erik Johnson, FCAS, MAAA
Director and Actuary, Healthcare Practice Leader
919-786-6246
erik.johnson@aon.com

Genny Jones, ACAS, MAAA
Consultant and Actuary
410-547-2929
virginia.jones@aon.com

HPL Benchmark Inbox
HPL.Benchmark@aon.com

Send completed data submissions via email to: HPL.Benchmark@aon.com (DUE: July 17, 2015)