2019 Aon/ASHRM Hospital and Physician Professional Liability Benchmark

20th Anniversary Edition

Consent Form / Risk Management Survey
Please Complete and Submit Form (Upper Right Corner)
Due Date: June 12, 2019

I. CONTACT INFORMATION [REQUIRED]

ORGANIZATION: ____

CONTACT NAME: ____________________ CONTACT PHONE: ____________________

CONTACT E-MAIL ADDRESS: ____

II. CONSENT TO TERMS AND CONDITIONS [REQUIRED]

By submitting information in response to this request, you represent that you are properly authorized to share such data with Aon and that the submitted data does not contain personally identifiable financial or health information, including, but not limited to, patient names. You understand and agree that the submitted data will be combined with data submitted by other participants to produce aggregated benchmark results describing Hospital and Physician Professional Liability claim costs and exposures that Aon will make publically available in the 2019 Aon/ASHRM Hospital and Physician Professional Liability Benchmark Report, and that Aon receives a percentage of the revenue generated by the sale of this report. You further acknowledge and agree that Aon may share submitted data with Aon subsidiaries for the purpose of compiling the Benchmark Report or other general internal business purposes, and that Aon may use the benchmark results to improve and enhance actuarial and brokerage work products. Aon will not disclose submitted data to third parties.

Please check the box below to indicate you accept the above Terms & Conditions:

☐ I agree to the Terms & Conditions

Risk management survey questions follow on the next page in Sections III, if you need to come back at a later time, please feel free to save this document to your computer and then follow the Submission Instructions at the bottom of page 4 once complete.

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III. RISK MANAGEMENT SURVEY

1. Please provide the following metrics:
   - A. Fiscal Year 2018 Gross Revenue: $ ☐
   - B. Current Estimated Number of Days Cash on Hand: ☐
   - C. Total Number of Risk Management Staff (FTEs): ☐
     - a. Does your RM Department include Patient Safety Staff? ○ Yes ○ No

2. In your loss run submission, will you be able to highlight or identify "batch claims"?
   - ○ Yes: we will identify batch claims
   - ○ Yes: we can but we do not have any batch claims
   - ○ No: we cannot identify batch claims
   - ○ Not Applicable/Unsure

3. If a single occurrence were to affect multiple individuals, would your insurance attachment point (i.e. retention) apply to each individual claim or to the combined "batch" set of claims?
   - ○ Commercial insurance would apply the retention to each individual claim with no aggregate limit
   - ○ Commercial insurance would apply the retention to each individual claim subject to an (annual) aggregate limit
   - ○ Commercial insurance would apply the retention to the combined set of claims
   - ○ Not Applicable/Unsure

4. If your system utilizes a captive insurance company, are you passing through any portion of your cyber coverage through the captive?
   - ○ Yes ○ No ○ Not Applicable/Unsure

5. If your system utilizes a captive insurance company, what layer of cyber coverage are you passing through the captive?

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6. How does your system allocate claim reserves for events where both the entity and a covered physician are named?
   - ○ One item is established on the loss run for the entire event; allocation determined after settlement/resolution
   - ○ One item is established on the loss run for the entire event; costs are not allocated
   - ○ Multiple items are established on the loss run for each named entity/physician; reserves are judgmentally allocated until settlement/resolution
   - ○ Multiple items are established on the loss run for each named entity/physician; reserves are allocated by formula until settlement/resolution
   - ○ Other (please describe): __________
   - ○ Not Applicable/Unsure

7. What is the per claim or per occurrence dollar amount at which commercial insurance (including reinsurance) attaches for Hospital Professional Liability claims? *(Please respond with the attachment point which **most frequently** applies in your current insurance structure)*
   - ○ First dollar Commercial Coverage
   - ○ Commercial Insurance attaches at $__________
   - ○ Commercial Insurance does not play a role in our HPL program
   - ○ Not Applicable/Unsure

8. What is the total limit that best describes the ***current*** combined (including SIR) per claim or per occurrence coverage afforded to your system through underlying self-insurance and commercial excess insurance?
   - ○ Total Limit of HPL coverage of $ __________ per occurrence.
   - ○ Not Applicable/Unsure

9. How does your organization insure allied professionals/physician extenders?
   - ○ Require separate limits
   - ○ Shared limits within hospital self-insurance program
   - ○ Not Applicable/Unsure

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10. Does your claim handling team or third-party administrator (TPA) establish dollar reserves (>$1) for incidents or events that do not become actual claims? In other words, do you establish a significant number of dollar (non-zero) reserves which are reduced to zero as time passes and claims are not made?
    - ○ Yes, a significant number of small reserves are established for incidents but may be reduced to $0
    - ○ No, we only establish dollar reserves for files having a high change of payment
    - ○ Not Sure/Not Applicable/Other:

11. When setting case reserve amounts for significant Professional Liability claims, do your claim adjusters (or TPA) tend to set reserves generally above, below, or roughly at eventual outcomes?
    - ○ Claim handlers set reserves generally above eventual outcomes
    - ○ Claim handlers set reserves generally below eventual outcomes
    - ○ Claim handlers set reserves generally at the eventual outcome
    - ○ Not Sure/Not Applicable

12. Health care organizations are increasingly concerned about telemedicine, opioids, and vicarious liability. Does your health care organization have any case studies regarding any or all of these items that you would be willing to share with the industry within our report (identified or anonymously)? *(If you respond 'Yes', we will follow up with you directly)*
    - ○ Yes ○ No

SUBMISSION INSTRUCTIONS

Click [Submit Form] button in the upper right corner.

Fill in your e-mail and name and hit "Send." Select your e-mail application preference. *If you select "Desktop Email Application," it will automatically send the form for you, you will not be notified that it sent. To check that it sent properly, check your SENT folder, note it may take a couple minutes for the sent e-mail to appear.*

If there are any submission issues, you may save the file and manually send to HPL.Benchmark@aon.com.

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