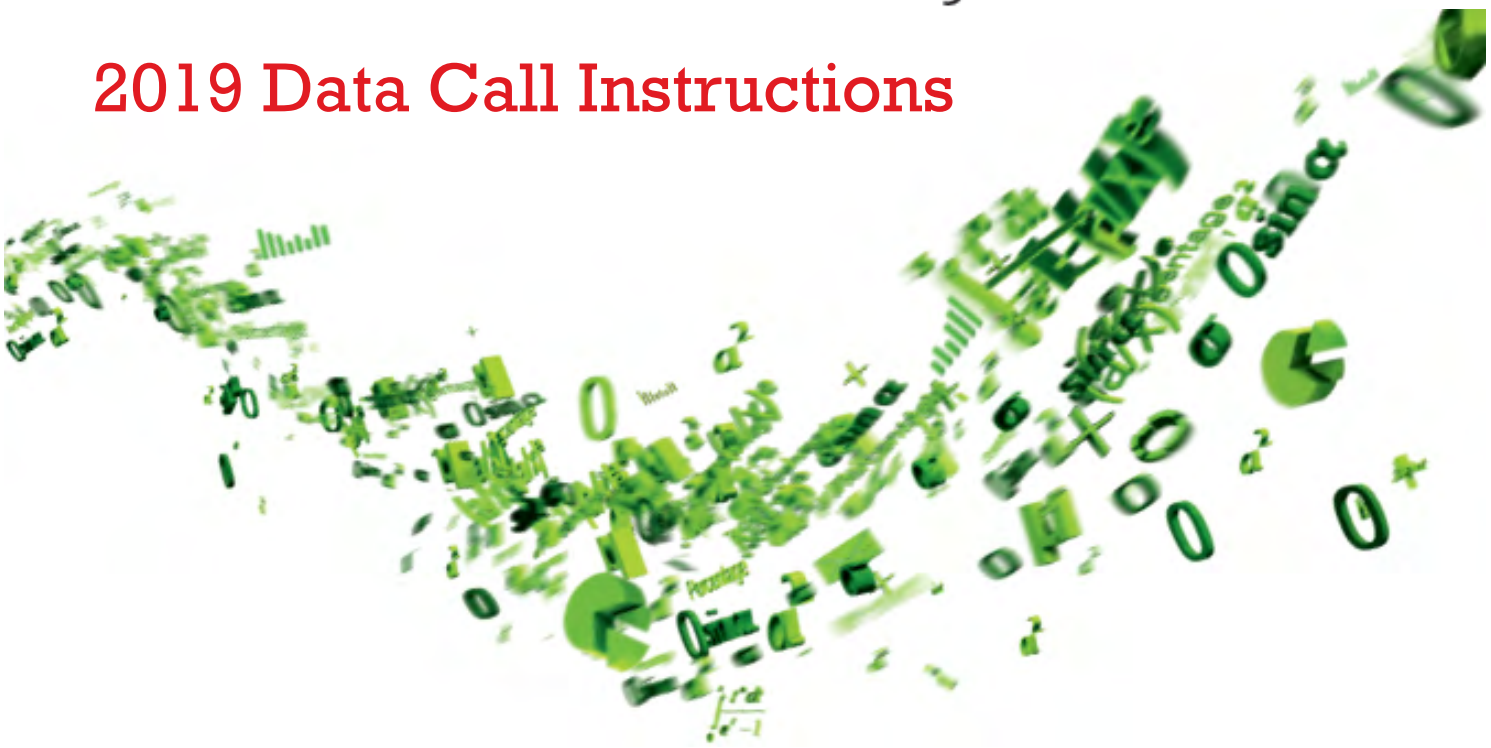
Aon/ASHRM Hospital and Physician Professional Liability

2019 Data Call Instructions



April 24, 2019

HPL.Benchmark@aon.com

Deadline for Participation: June 12, 2019

Empower Results®

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Welcome to the 2019 HPL Benchmark Study!

20th Anniversary Edition

Dear Benchmarking Participant:

On behalf of our benchmarking team we would like to thank you for your interest and participation in the 2019 Aon/ASHRM Hospital and Physician Professional Liability Benchmark Study. This year's study will mark our 20th annual publication. The ongoing objective of the 2019 Benchmark will be to provide self-insured health care organizations with research and data regarding the costs of retaining professional liability risk.

We are proud to note that this research initiative is unique in its audience and message - we collect information directly from health care organizations in an effort to report results of interest to participating 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 consent form/participant survey. Secondly, participants must send claim and exposure data to the benchmark team. In cases where Aon has access to this data for other purposes, participants can simply complete the consent form/participation survey only.

If you have any questions or comments relating to the survey please e-mail us at:

hpl.benchmark@aon.com

or do not hesitate to contact one of our team members:

Virginia ("Genny") Jones
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732-792-9911
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Consent Form / Survey

This is required for participation

- **Purpose:** To collect participant contact information, consent to terms and conditions, and to ask a brief set of risk management questions.
- Note that organizations must complete the contact information and consent portion (Sections I and II) of the survey in order to participate.
- Expected Time to Complete: 5-10 minutes
- The deadline for participation is June 12, 2019.
- The **Consent Form / Risk Management Survey PDF File** has been distributed along with this Data Call (link to data call). Please complete and return via the "Submit Form" button within the file or by emailing the completed file to: *HPL.Benchmark@aon.com*.

Loss Data Requirements
Recent PL/GL Loss Run

REQUIRED

- Valued as of some date on or after 12/31/2018
- Covering a 10 year history of occurrences, specifically 1/1/2009 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 – Please do not include claimant name within the submission.
- The loss run should include the following data fields:

REQUIRED Data Fields		OPTIONAL/IF AVAILABLE Data Fields	
1.	**Claim Number/ID** (DO NOT SEND Claimant Name)	12.	**Department/Place of Occurrrence**
2.	**Occurrence Date**	13.	**Claim Type/Litigation Type** (see pg.5)
3.	**Report Date**	14.	**Claim Resolution/Disposition** (see pg.5)
4.	**Closed Date**	15.	**Batch Claim Indicator** (see pg.6)
5.	**State**	16.	**Accident/Claim Description**
6.	**Facility Name**	17.	**Cause/Allegation** (see pg.6)
7.	**Indemnity Paid**	18.	**Injury/Nature of Injury**
8.	**Indemnity Outstanding Case Reserve**	19.	**CMS Provider Number/ID**
9.	**Expense Paid**		
10.	**Expense Outstanding Case Reserve**		
11.	**Coverage** (i.e. HPL/PPL/GL)		

Loss Data Field Descriptions

Claim Type/Litigation Type

- Purpose of this field: 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 current valuation date as one of the following:
  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
- Lawsuits should not include Notice of Intent claims (NOI) – these should be considered non-suited claims for the benchmark submission

Claim Resolution/Disposition

- Purpose of this field: To investigate the cost differentials between the various types of claim resolutions.
- For each record in the Loss Run, please describe the "claim resolution/disposition type" as of the current valuation date.
- Some examples for this field are: dismissal, settlement, defense verdict, plaintiff verdict, etc.

Loss Data Field Descriptions (cont.)

Batch Claim Indicator

- Purpose of this field: To investigate frequency and severity of batch claim incidents.
- For each record in the Loss Run, please identify “batch claims” where an event triggered claims from more than 1 claimant.
- Label the field as “BATCH” to indicate such a claim. Leave the field blank for all other claims.

Cause/Allegation

- Purpose of this field: To investigate frequency and severity by the source of the claim.
- For each record in the Loss Run, please describe the “cause/allegation” as of the current valuation date.
- Some examples for this field are: failure to diagnose/misdiagnosis, birth related error, delay in treatment, equipment related, breach of privacy/policy, etc.

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)
- Provide CMS Provider Number/ID by facility (if readily available)

For each facility and year, please provide the following:

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)

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:

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HPL Benchmark Inbox
HPL.Benchmark@aon.com

Send completed data submissions via email to:
HPL.Benchmark@aon.com (DUE: June 12, 2019)

No Late Submissions will be accepted.