

Medical Malpractice Closed Claim Data Collection Worksheet
 Insuring Entities, Self-Insurers, Facilities and Providers
 Worksheet for Claims Closed on or after January 1, 2008

Washington State Office of
the Insurance Commissioner

Revised 3/18/2008

1. Reporting Entity Information.	
a. Name of Reporting Entity:	
b. Please provide your Federal Tax ID number (FEIN#):	
c. If your organization is an insurer or risk retention group, enter the NAIC number:	
d. If your organization is a health care facility or provider, enter the NPI number:	
e. Reporting Entity User ID:	The reporting application will assign the entity User ID when your organization registers for the first time. See WAC 284-24D-050
2. Name of the Person Reporting Claim	
a. Last Name:	
b. First Name:	
c. Phone Number:	
d. Email:	
3. Claim and Incident Identifiers (see RCW 48.140.030(1)(b) , WAC 284-24D-110 and WAC 284-24D-320)	
a. You must provide a numeric claim identifier:	
b. Did your organization make indemnity payments on behalf of and/or incur allocated loss adjustment expenses for more than one facility or health care provider because of this medical incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Number of defendants (previously in section 9):	
If 3.b. is "yes", you must provide a numeric incident identifier:	
You must submit a claim report for each defendant once the claim for that defendant is closed. All related "companion claims" must be submitted using the same incident identifier.	
4. Date and Location of Medical Incident	
a. Please provide the date on which the medical incident that most directly caused the injury occurred (see RCW 48.140.030 (8)(a)):	
b. Please provide the county in which the medical incident that most directly caused the injury occurred (see RCW 48.140.030 (5)):	
c. Please provide the city in which the medical incident that most directly caused the injury occurred (see WAC 284-24D-210):	

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d. Please provide the primary location within the medical facility where the medical incident that most directly caused the injury occurred (please refer to WAC 284-24D-200 to select from the list of valid locations. You must provide: <ul style="list-style-type: none"> The subcategory if you select (18) - Location other than an inpatient facility A description if you select (19) - Other department in hospital; or (21) - Other 	
e. What type of entity provided care, services or products that most directly caused the injury? Please refer to WAC 284-24D-190 and select from the NPDB List of “ Type of Organization Codes ” for the list of valid entries. You must provide: <ul style="list-style-type: none"> General type of organization type; and Specific organization description We have combined several “stand-alone” categories, and those should be entered under “Other type of organization.” 	<input type="checkbox"/> Group or practice <input type="checkbox"/> Hospital or hospital unit <input type="checkbox"/> Health care supplier or manufacturer <input type="checkbox"/> Managed care organization <input type="checkbox"/> Other health care facility <input type="checkbox"/> Other type of organization Describe:
f. What was the medical specialty of the health care provider? Please refer to WAC 284-24D-180 and select from the NPDB List of “ Specialty Codes ” for the list of valid entries. If you do not select a specialty from the NPDB List, you must describe the medical specialty of the health care provider, or select “none” if payment was made due to an allegation against a facility.	<input type="checkbox"/> None <input type="checkbox"/> Physician specialty <input type="checkbox"/> Dental specialty Describe:
5. Claimant and Injury Data (refer to RCW 48.140.030 , subsections (6), (7) and (11))	
a. Please provide the Injured Person's gender on the incident date:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
b. Please provide the Injured Person's age on the Incident Date (the reporting application will request an age group):	Infant: <input type="checkbox"/> Yes <input type="checkbox"/> No Age:
c. What was the allegation that led to the Medical Malpractice Claim? Please refer to WAC 284-24D-230 and select from the NPDB List of “ MMPR Specific Allegation Codes ”. You must enter the allegation group and the specific allegation	Allegation group: Specific allegation:

Data Collection Worksheet to OIC

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e. You must describe the allegation upon which the claim is based (this is free form text up to 300 characters):	
f. You must provide the outcome of the injury. Please refer to WAC 284-24D-220 and use the NPDB List of “ MMPR Outcome Codes ” for the list of valid entries.	
6. Settlement Data (refer to RCW 48.140.030 , subsections (8) and (9))	
a. On what date was your entity notified of the claim? (see WAC 284-24D-170)	
b. If filed, what was the date of suit? (see RCW 48.140.030(8)(c))	
c. What was the date of final indemnity payment? (see RCW 48.140.030(8)(d))	
d. What was the date this claim was closed? The closing date may be later than the date of final indemnity payment if there were outstanding bills for legal or other expenses (see WAC 284-24D-080).	
e. Are you re-opening a claim that was previously closed and reported? If so, please refer to WAC 284-24D-100 , which explains when you can re-open claims. You must provide the date the claim was re-opened:	
f. You must provide the method of claim disposition. WAC 284-24D-240 lists the four valid disposition categories and descriptive sub-categories that you must report.	<input type="checkbox"/> Abandoned by the claimant <input type="checkbox"/> Settled by parties <input type="checkbox"/> Disposed by a court <input type="checkbox"/> Settled by alternative dispute resolution (ADR)
	Description of disposition:

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<p>g. When was the claim settled or disposed? WAC 284-24D-250 lists the valid selections.</p>	<input type="checkbox"/> Before filing suit or request for ADR <input type="checkbox"/> Before trial or ADR <input type="checkbox"/> During trial or ADR <input type="checkbox"/> After trial/hearing, before judgment/award <input type="checkbox"/> After judgment/award, before appeal <input type="checkbox"/> During appeal <input type="checkbox"/> After appeal <input type="checkbox"/> Verdict – no appeal
<p>7. Indemnity Payment Data (refer to RCW 48.140.030, subsection (10))</p>	
<p>7.a. What type of insurance coverage was applicable to this claim? If the claim was completely self-insured because there was no insurance or it was under retention limit, select self-insured (WAC 284-24D-160).</p>	<input type="checkbox"/> Primary <input type="checkbox"/> Excess <input type="checkbox"/> Primary and Excess <input type="checkbox"/> Self-insured
<p>7.b. Are you reporting this claim because your organization was insured by a risk retention group or surplus lines insurer that refuses to report data to OIC?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7.c. Were indemnity payments made by or on behalf of this defendant to one or more claimants? If the answer is “yes”, you must report the gross amount of all indemnity payments made to resolve this claim (including all payments made from any source on behalf of this defendant). This figure must include sums paid by insurer(s) and/or self-insurers or the defendant, rounded to the nearest dollar. Please refer to WAC 284-24D-260, WAC 284-24D-270, WAC 284-24D-280 and WAC 284-24D-290 before entering a figure.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No - The reporting application will direct you to section 8 if you answer “no”. \$
<p>7.d. Did a court award a different amount than the sum of all indemnity payments that you have reported in 7.c? If the answer is “yes”, you must report total amount of the judgment or verdict rounded to the nearest dollar (see WAC 284-24D-310(1)).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<p>7.e. Did a court itemize damages when it disposed the claim and issued a judgment or verdict? If the answer is “yes”, you must report total economic and non-economic damages awarded by the court (see RCW 48.140.030(10)(a) and WAC 284-24D-300).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Economic: \$ Non-economic: \$

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7.f. If a court did not itemize damages or the final indemnity payment was different than the judgment or verdict, you must report the paid and estimated economic damages as defined in WAC 284-24D-020 (11). The maximum entry is an amount equal to the sum of all indemnity payments reported under 7.c. Please refer to WAC 284-24D-310 , WAC 284-24D-350 , WAC 284-24D-360 , WAC 284-24D-362 , WAC 284-24D-364 , WAC 284-24D-370 .	\$
7.g. Will all or part of the indemnity payments be distributed under a structured settlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.h. Has any other insuring entity, or self-insured facility or provider made claim payment(s) related to the medical incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8. Allocated Loss Adjustment Expense (ALAE) Data. Please refer to WAC 284-24D-020 (1) for the definition of ALAE, and WAC 284-24D-330 and WAC 284-24D-340 for reporting requirements.	
a. Sum of defense counsel ALAE – including both in-house and outside counsel	\$
b. Sum of expert witness ALAE – including both in-house and outside experts	\$
c. Sum of all other ALAE	\$
Total allocated loss adjustment expenses (ALAE) paid on behalf of this defendant (sum of 8a+8b+8c)	\$

Data Collection Only - Do Not Submit Worksheet to OIC