

2021 MEDICAL PROFESSIONAL LIABILITY CLAIMS STUDY



ILLINOIS DEPARTMENT OF INSURANCE

November 2021

JB Pritzker
Governor

Dana Popish Severinghaus
Acting Director



Illinois Department of Insurance

JB PRITZKER
Governor

DANA POPISH SEVERINGHAUS
Acting Director

November 18, 2021

The Honorable JB Pritzker
Governor
207 Capitol Building
Springfield, IL 62706

The Honorable Don Harmon
President of the Senate
327 Capitol Building
Springfield, IL 62706

The Honorable Emanuel Chris Welch
Speaker of the House
300 Capitol Building
Springfield, IL 62706

Re: 2021 Medical Professional Liability Claims Study

Dear Governor Pritzker, President Harmon, and Speaker Welch:

Section 155.19 of the Illinois Insurance Code (215 ILCS 5/155.19) requires the Department of Insurance to periodically release a medical professional liability claims study. I am pleased to release this study, which encompasses closed claims information that is filed with the Department by insurance companies with medical professional liability claims in Illinois.

Very Truly Yours,

A handwritten signature in cursive script that reads "Dana Popish Severinghaus".

Dana Popish Severinghaus
Acting Director

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Introduction

To assist the Director of Insurance in monitoring the long-tailed and volatile line of medical professional liability insurance, Section 155.19 of the Illinois Insurance Code (215 ILCS 5/155.19) requires licensed insurance companies to report Illinois medical professional liability claims or suits. Section 155.19 also requires the Director to periodically release statistical reports based on the reported data. This study is based on medical professional liability claims reported against defendant physicians and surgeons, which were closed between January 1, 2014, and December 31, 2019. These claims include, but are not limited to, lawsuits and direct patient claims.

This study primarily provides an analysis of the following areas:

- "Indemnity Paid" – the total amount of loss settlement dollars paid by the insurance company.
- "Amounts Paid to Defense Counsel" – defense attorney fees paid by the insurance company.
- "Adjusting and Other Expenses" (AOE) – the amount incurred by the insurance company to settle a claim.

With any dataset, outliers are usually an unavoidable fact and the dataset used to conduct this study is no different. When comparing median and average, there are a couple of things to keep in mind:

- When the average and median are similar, they are reflective of the typical amount in a particular category.
- If the median is lower than the average, the difference is likely to be attributed to a few large amounts that raise the average.
- Similarly, if the median is larger than the average, the difference is likely to be attributed to a few small amounts that tend to lower the average.

Therefore, averages tend to be sensitive to outliers since a few small or large amounts could lower or raise the average to the point where it does not reflect the typical amount. Median on the other hand is not affected by outliers since it looks at the midpoint of all the data points, so it better reflects the typical amount for that particular variable.

Limitations

When reviewing this report, the reader should keep in mind the following limitations of the underlying data and the final report:

- Portions of this report cannot be compared to previous report results – For each iteration of this report, the Department may change the methodology of compiling the data for some sections. The differences incorporated may impact items such as the amounts of indemnity paid and the medical provider specialty groupings. Prior studies will not have been reformatted or revised. Therefore, it is important for reviewers not to conduct improper data comparisons of this report to prior reports in these areas.
- Report does not evaluate medical professional liability insurance rates – This report does not attempt to evaluate past or current medical professional liability insurance rates, nor is it predictive of future trends in medical professional liability insurance rates.
- Report provides only a partial analysis of the overall Illinois medical professional liability insurance marketplace – This report provides only a partial analysis of the Illinois medical professional liability insurance marketplace for several reasons:
 - Data pertains to claims closed against physicians and surgeons only. This report does not include closed claim information for other health care providers such as dentists, nurses, optometrists, chiropractors, podiatrists/chiropractists, hospitals, nursing homes, pharmacies, clinics or corporations.
 - The medical professional liability insurance marketplace consists of many entities that provide medical professional liability insurance to health care providers. When the Reform Law was in effect (pre-2007), various entities other than licensed insurance companies were also required to report data such as Self-Insured Hospitals, Stop Loss Insurer, Captive Insurers, Risk Retention Groups, County Risk Retention Trust, Religious or Charitable Risk Pooling Trust, and Surplus Lines Insurers. Under the current version of the Law, only licensed insurance companies are required to report data and the additional entities may voluntarily report data.
 - Report does not provide information about the number of active insurers writing medical professional liability insurance for physicians and surgeons and whether that number has increased or decreased over the report period, or whether insurers have made business decisions to increase or decrease their medical professional liability writings in certain classifications and/or territories.
- Data may contain anomalies – The Department makes every possible effort to ensure the accuracy, consistency, and completeness of the data. The Department provides all insurers with the same set of instructions and filing requirements, and Department personnel attempt to follow up on incomplete reports or anomalies in data. The accuracy of the report still depends largely on the accuracy of the data reported by insurers. Individual insurers and individual data entry personnel employed by those insurers may interpret data fields differently. As a result, errors and inconsistencies may still occur. Due to time constraints and limited resources, the Department cannot verify the accuracy of

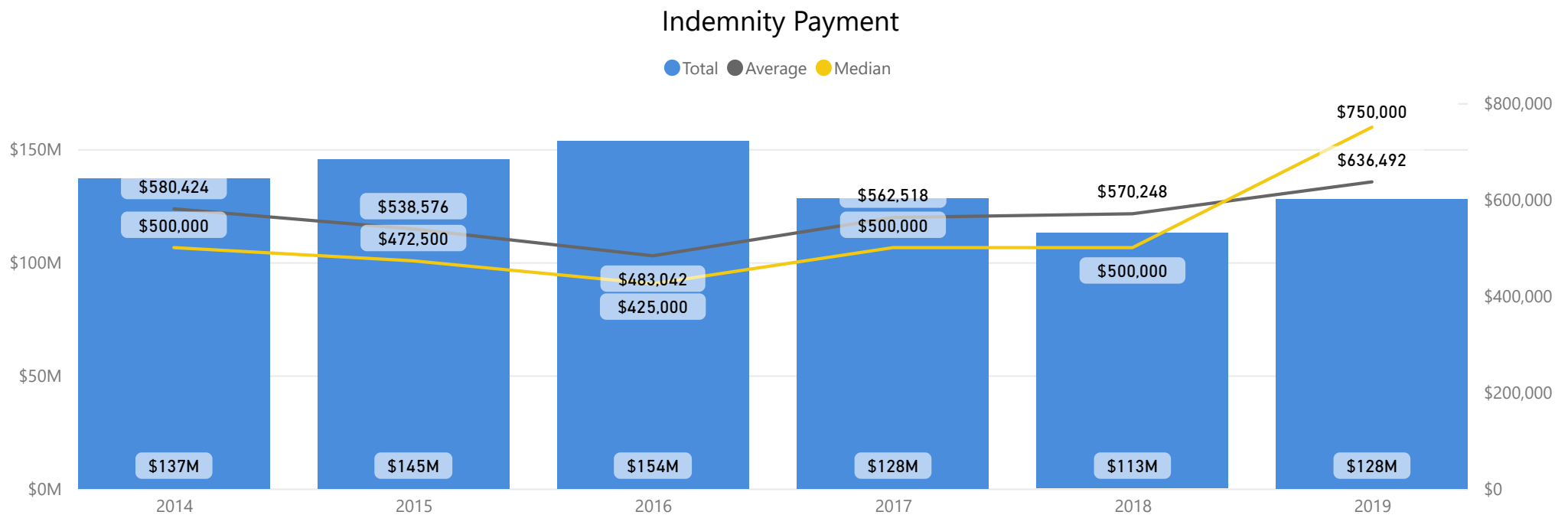
certain claim data reported and must rely solely on the accuracy of the reporting insurer. In addition, some sections within the study may have individual claims omitted if presentation would allow identification of a specific claim, i.e., only one claim is in a particular category.

- Data is not adjusted for economic differences over time – The data has not been adjusted for economic differences occurring during the report period, such as inflation and cost of medical care. According to Consumer Price Index (CPI), the average inflation rate for years 2014 to 2019 in Chicago-Naperville-Elgin, IL-IN-WI area was 1.07%. Further information on CPI can be found at <http://www.bls.gov/cpi/>
- Data does not distinguish between policies and coverage amounts – The report does not analyze the data by type of policy (e.g. primary, excess, prior acts or extended reporting period), limits of insurance purchased, or size of deductibles to determine whether these factors affect the frequency or severity of claims.
- Data is reported separately for each insured physician or surgeon – If a claim is made against more than one physician or surgeon for the same incident, the data is reported separately for each defendant according to his/her individual policy information. While some may argue that this method overstates the frequency of “incidents” and understates the severity of an “incident,” this method keeps further inconsistencies/inaccuracies to a minimum by avoiding incomplete and/or inaccurate data reporting by insurers for co-defendants they do not insure.
- Report does not include information about open claims – This report analyzes only closed claims data. Any claims that are still open, such as claims that are in settlement negotiations or on trial, are not included in this study. The analysis of closed claims information is valuable; however, open claims information may be more indicative of the current environment.
- Illinois County Population – For the slides that break down the data based on regions, population estimates as of July 1, 2019 are provided for the respective regions. Further information on population can be found at <https://factfinder.census.gov>

Indemnity Payment

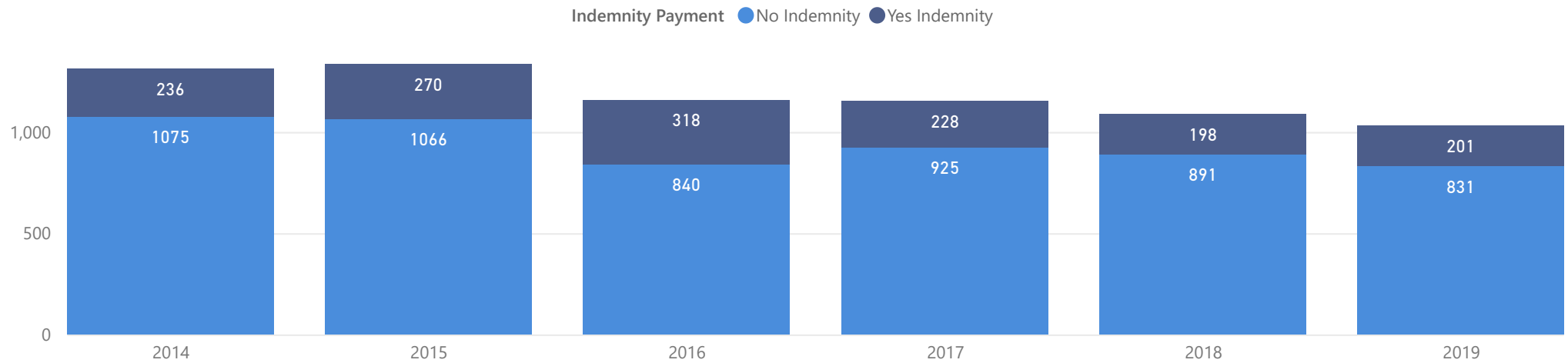
Year ▲	Total Number of Closed Claims	Number of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Average Indemnity of Paid Claims	Median Indemnity of Paid Claims	Year ▲
2014	1311	236	18.0%	\$136,980,176	\$580,424	\$500,000	2014
2015	1336	270	20.2%	\$145,415,590	\$538,576	\$472,500	2015
2016	1158	318	27.5%	\$153,607,357	\$483,042	\$425,000	2016
2017	1153	228	19.8%	\$128,254,029	\$562,518	\$500,000	2017
2018	1089	198	18.2%	\$112,909,132	\$570,248	\$500,000	2018
2019	1032	201	19.5%	\$127,934,827	\$636,492	\$750,000	2019
Total	7079	1451	20.5%	\$805,101,111	\$554,859	\$500,000	

The total number of closed claims has decreased each year from 2015 through 2019. There is no consistent pattern in the number of closed claims with indemnity payment. However, the percentage of closed claims with indemnity payment has hovered in the 18.0% - 20.5% range for all years except for 2016, where it rose to 27.5%. In 2016, the number and percent of claims with indemnity were both above the average for other years in this study, and could be considered an outlier in the data.

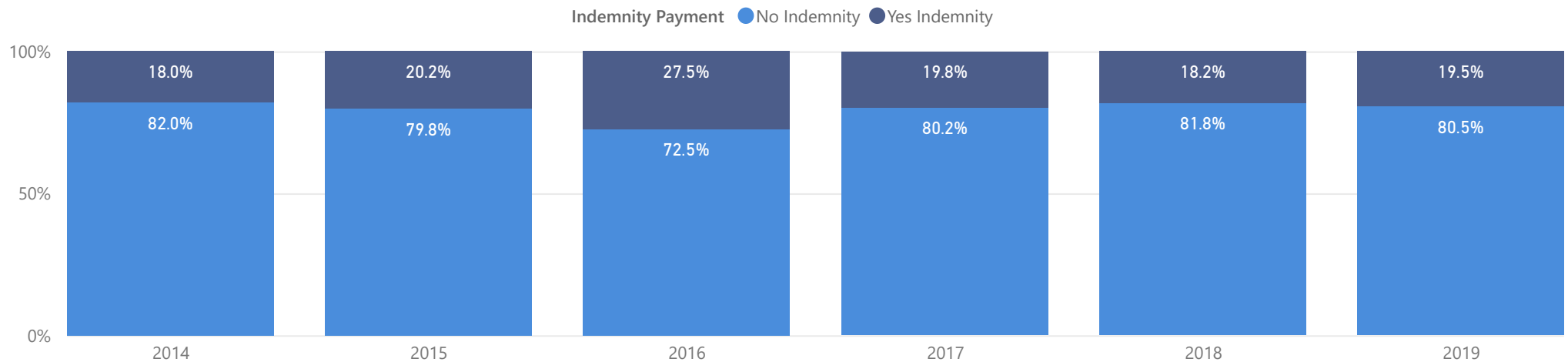


The median indemnity of paid claims is lower than the average for all years except for 2019. When the median is lower than the average, a relatively small number of large paid claims raise the average above the typical payment. The median is not affected by large variability which tends to distort an average. The average and median increase and decrease in unison, with both decreasing from 2014 through 2016 and then rising through 2019.

Indemnity Payment - Number of Closed Claims



Indemnity Payment - Percentage of Closed Claims



The two graphs above represent the same data; the top graph shows the data in count format, and the bottom graph shows the data in percentage format.

2016 is an outlier in terms of both the number of claims closed with indemnity payment and percentage of closed claims that included indemnity payment. Aside from 2016, between 18.0% and 20.5% of closed claims included indemnity payment for all other years included in the study.

Defense Counsel Payment

Total Defense Counsel Payments

Year	No. of Claims	Total	Average	Median
2014	936	\$57,004,325	\$60,902	\$42,052
2015	1041	\$69,596,881	\$66,856	\$47,196
2016	931	\$67,352,130	\$72,344	\$47,392
2017	921	\$43,685,524	\$47,433	\$21,281
2018	901	\$43,161,446	\$47,904	\$17,724
2019	892	\$41,246,584	\$46,241	\$13,383
Total	5622	\$322,046,890	\$57,283	\$31,992

Defense Counsel Payments Only

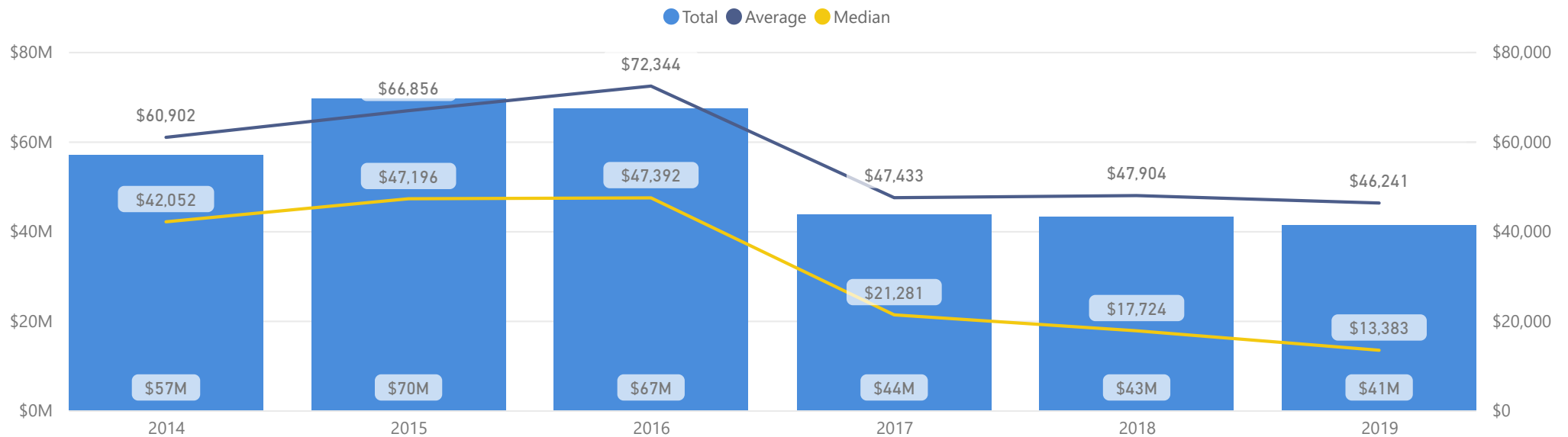
Year	No. of Claims	Total	Average	Median
2014	712	\$36,642,161	\$51,464	\$34,051
2015	784	\$42,877,588	\$54,691	\$37,611
2016	647	\$37,883,698	\$58,553	\$31,309
2017	714	\$26,530,982	\$37,158	\$11,075
2018	715	\$26,852,136	\$37,555	\$10,013
2019	707	\$24,622,193	\$34,826	\$9,187
Total	4279	\$195,408,757	\$45,667	\$21,774

Indemnity & Defense Counsel Payments

Year	No. of Claims	Total	Average	Median
2014	224	\$20,362,164	\$90,903	\$69,283
2015	257	\$26,719,293	\$103,966	\$82,320
2016	284	\$29,468,432	\$103,762	\$79,490
2017	207	\$17,154,542	\$82,872	\$55,087
2018	186	\$16,309,311	\$87,684	\$69,506
2019	185	\$16,624,390	\$89,862	\$62,099
Total	1343	\$126,638,133	\$94,295	\$71,825

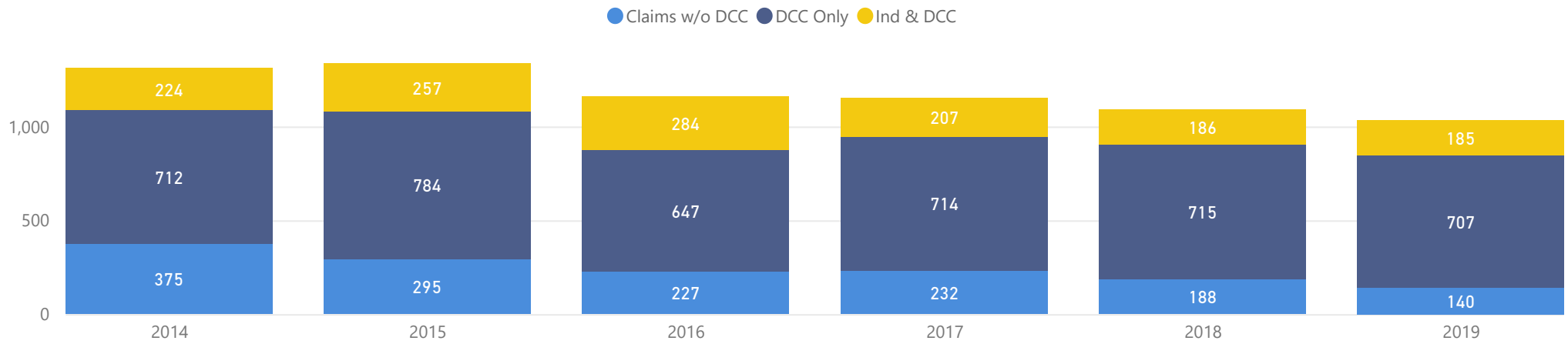
A large portion of defense counsel payments are for claims with defense counsel payments only. However, average and median defense counsel payments for claims with no indemnity payment are lower compared to claims with indemnity payments.

Total Payment to Defense Counsel

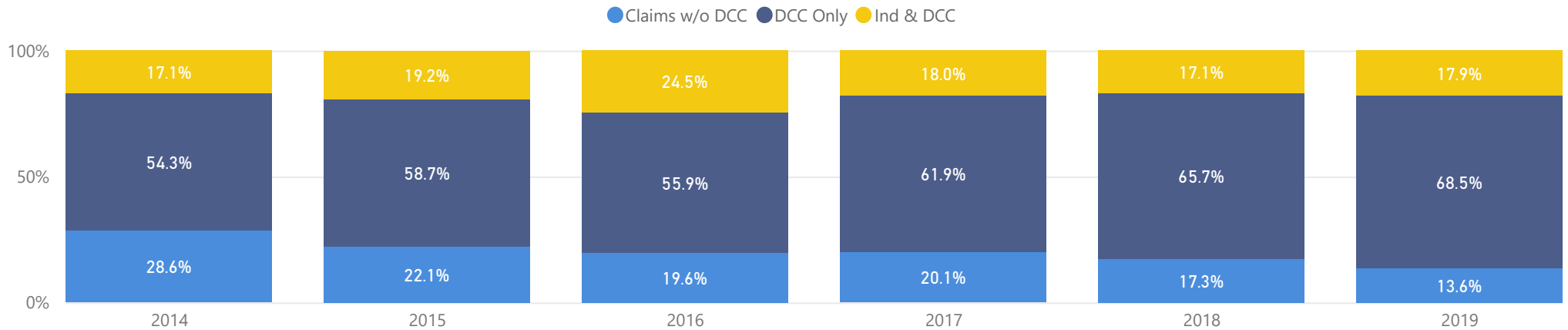


The median and average total defense counsel payments show a year-to-year increase from 2014 through 2016 and then a sharp decrease in 2017 and subsequently remaining fairly steady through 2019. The median defense counsel payment is lower than the average for all years. From 2017 to 2019, the average ranges from \$46,000 to \$48,000, while the median ranges from \$13,000 to \$21,500.

Defense Counsel Payment - Number of Closed Claims



Defense Counsel Payment - Percentage of Closed Claims



The two graphs above represent the same data; the top graph shows the data in count format, and the bottom graph shows the data in percentage format.

The percentage of claims with defense counsel payments only has been steadily increasing from 2016 through 2019, while the count of claims with defense counsel only payments has been very steady (ranging from 707 to 715) over the 2017 through 2019 timeframe.

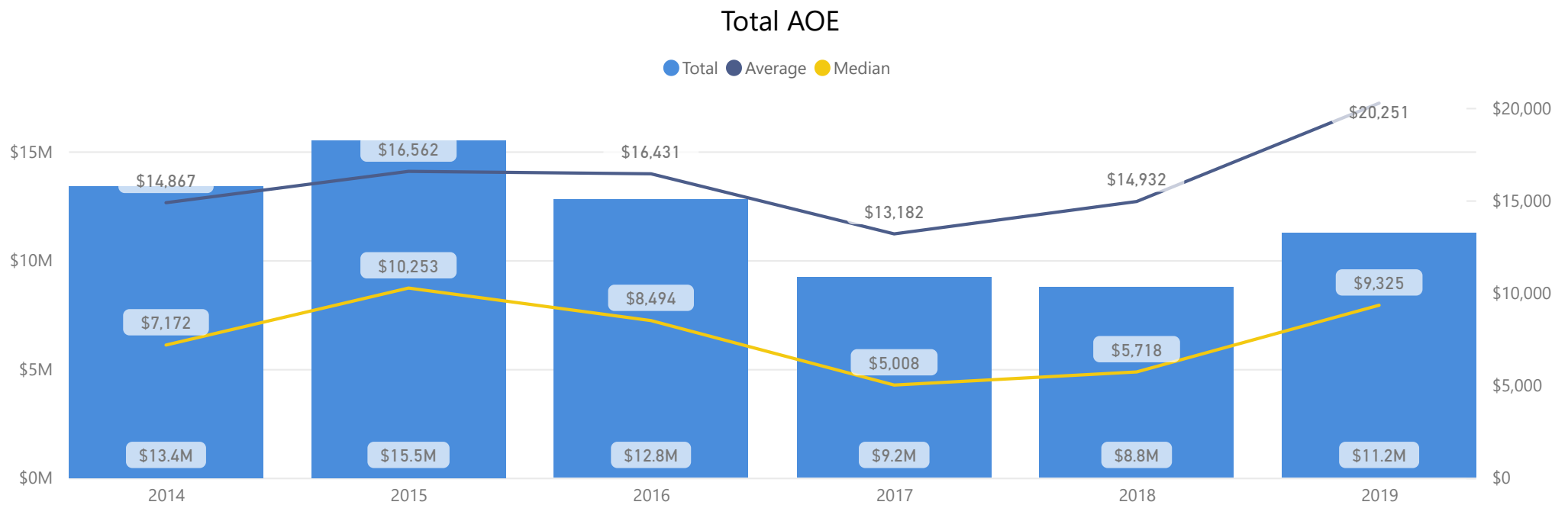
Adjusting and Other Expenses (AOE)

Total AOE				
Year	No. of Claims	Total	Average	Median
2014	901	\$13,395,326	\$14,867	\$7,172
2015	936	\$15,502,491	\$16,562	\$10,253
2016	778	\$12,782,973	\$16,431	\$8,494
2017	699	\$9,213,975	\$13,182	\$5,008
2018	587	\$8,765,245	\$14,932	\$5,718
2019	555	\$11,239,571	\$20,251	\$9,325
Total	4456	\$70,899,580	\$15,911	\$7,624

AOE Only				
Year	No. of Claims	Total	Average	Median
2014	688	\$7,757,642	\$11,276	\$5,036
2015	702	\$9,749,378	\$13,888	\$7,479
2016	521	\$6,869,054	\$13,184	\$6,463
2017	533	\$5,355,298	\$10,047	\$3,391
2018	448	\$5,246,685	\$11,711	\$3,735
2019	410	\$6,071,358	\$14,808	\$5,622
Total	3302	\$41,049,415	\$12,432	\$5,211

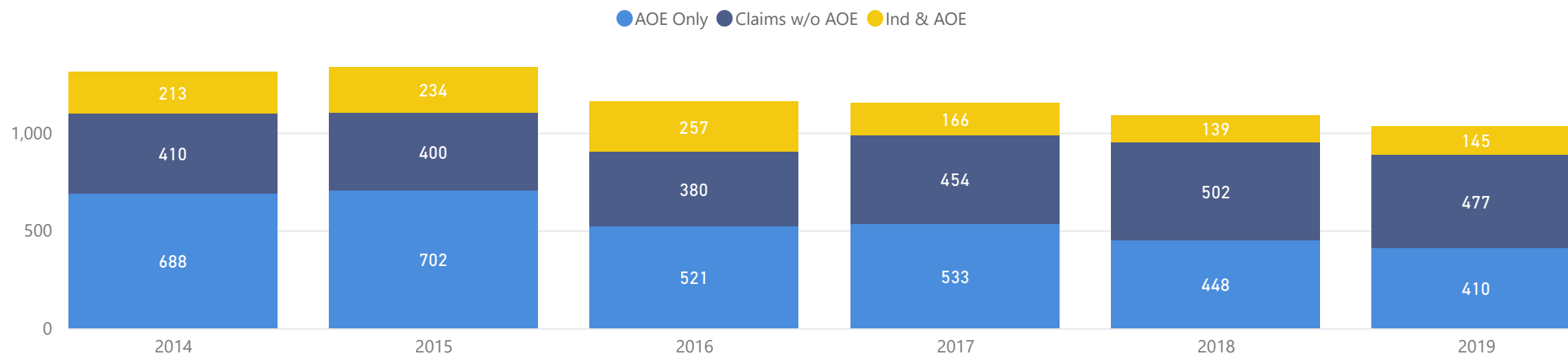
Indemnity and AOE				
Year	No. of Claims	Total	Average	Median
2014	213	\$5,637,684	\$26,468	\$14,826
2015	234	\$5,753,113	\$24,586	\$18,147
2016	257	\$5,913,918	\$23,011	\$15,069
2017	166	\$3,858,677	\$23,245	\$12,183
2018	139	\$3,518,560	\$25,313	\$16,889
2019	145	\$5,168,213	\$35,643	\$24,309
Total	1154	\$29,850,165	\$25,867	\$16,933

Sixty-three percent (63%) of all closed claims from 2014 through 2019 have had AOE payments. The number of claims with AOE payments have shown a decreasing trend from 2015 through 2019. The average and median AOE payment for claims that include both indemnity payment and AOE payment is higher than the average and median for closed claims that have AOE payment without indemnity payment.

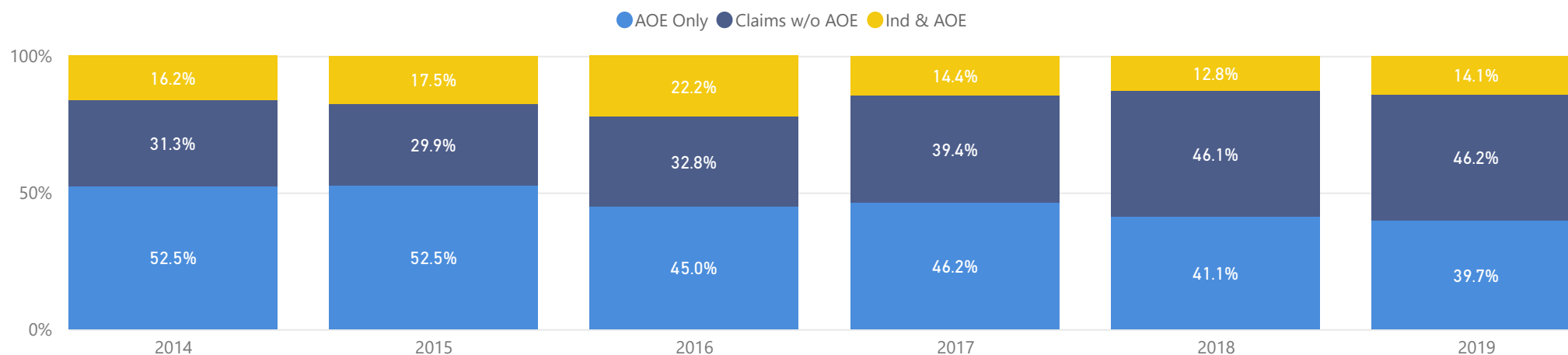


The median AOE payment is lower than the average for all years studied. From 2014 through 2019, average AOE payments ranged from \$13,000 to \$20,500, while median AOE payments ranged from \$5,000 to \$10,500.

AOE Payment - Number of Closed Claims



AOE Payment - Percentage of Closed Claims



The two graphs above represent the same data; the top graph shows the data in count format, and the bottom graph shows the data in percentage format.

The number and percentage of claims with both Indemnity and AOE payments increased between 2014 and 2016 before decreasing in both 2017 and 2018 and then increasing slightly in 2019. The number and percentage of claims with only AOE payments increased from 2014–2015, then showed a generally decreasing pattern from 2015–2019.

Indemnity Payment by Size of Loss

Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity Payment
2014	\$1-\$99,999	28	11.86%	\$1,042,452	0.76%	\$37,230	\$40,000
2014	\$100,000-\$399,999	65	27.54%	\$15,881,812	11.59%	\$244,336	\$250,000
2014	\$400,000-\$699,999	53	22.46%	\$27,388,575	19.99%	\$516,766	\$500,000
2014	\$700,000-\$999,999	33	13.98%	\$27,378,815	19.99%	\$829,661	\$825,000
2014	>\$1,000,000	57	24.15%	\$65,288,522	47.66%	\$1,145,413	\$1,000,000
Total		236	100.00%	\$136,980,176	100.00%	\$580,424	\$500,000

Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity Payment
2015	\$1-\$99,999	36	13.33%	\$1,350,720	0.93%	\$37,520	\$31,250
2015	\$100,000-\$399,999	83	30.74%	\$20,755,357	14.27%	\$250,065	\$250,000
2015	\$400,000-\$699,999	51	18.89%	\$26,382,013	18.14%	\$517,294	\$500,000
2015	\$700,000-\$999,999	43	15.93%	\$34,277,500	23.57%	\$797,151	\$750,000
2015	>\$1,000,000	57	21.11%	\$62,650,000	43.08%	\$1,099,123	\$1,000,000
Total		270	100.00%	\$145,415,590	100.00%	\$538,576	\$472,500

Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity Payment
2016	\$1-\$99,999	75	23.58%	\$3,146,854	2.05%	\$41,958	\$45,000
2016	\$100,000-\$399,999	79	24.84%	\$17,598,328	11.46%	\$222,764	\$200,000
2016	\$400,000-\$699,999	58	18.24%	\$30,098,316	19.59%	\$518,936	\$500,000
2016	\$700,000-\$999,999	44	13.84%	\$36,613,859	23.84%	\$832,133	\$833,333
2016	>\$1,000,000	62	19.50%	\$66,150,000	43.06%	\$1,066,935	\$1,000,000
Total		318	100.00%	\$153,607,357	100.00%	\$483,042	\$425,000

Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity Payment
2017	\$1-\$99,999	52	22.81%	\$1,802,977	1.41%	\$34,673	\$25,740
2017	\$100,000-\$399,999	41	17.98%	\$9,009,811	7.02%	\$219,751	\$205,000
2017	\$400,000-\$699,999	38	16.67%	\$19,139,417	14.92%	\$503,669	\$499,750
2017	\$700,000-\$999,999	42	18.42%	\$35,508,333	27.69%	\$845,437	\$850,000
2017	>\$1,000,000	55	24.12%	\$62,793,490	48.96%	\$1,141,700	\$1,000,000
Total		228	100.00%	\$128,254,029	100.00%	\$562,518	\$500,000

Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity Payment
2018	\$1-\$99,999	38	19.19%	\$972,279	0.86%	\$25,586	\$10,000
2018	\$100,000-\$399,999	43	21.72%	\$9,701,600	8.59%	\$225,619	\$240,000
2018	\$400,000-\$699,999	36	18.18%	\$19,048,443	16.87%	\$529,123	\$500,000
2018	\$700,000-\$999,999	23	11.62%	\$18,986,809	16.82%	\$825,513	\$800,000
2018	>\$1,000,000	58	29.29%	\$64,200,000	56.86%	\$1,106,897	\$1,000,000
Total		198	100.00%	\$112,909,132	100.00%	\$570,248	\$500,000

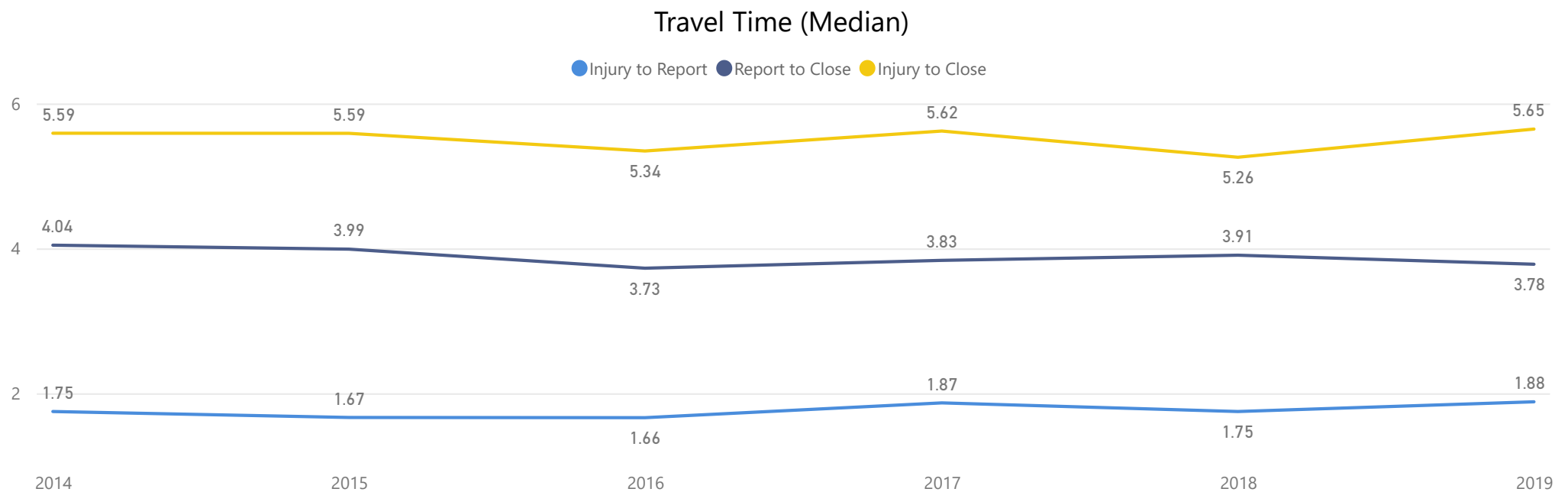
Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity Payment
2019	\$1-\$99,999	27	13.43%	\$725,279	0.57%	\$26,862	\$17,700
2019	\$100,000-\$399,999	47	23.38%	\$9,802,817	7.66%	\$208,571	\$200,000
2019	\$400,000-\$699,999	23	11.44%	\$11,125,000	8.70%	\$483,696	\$500,000
2019	\$700,000-\$999,999	42	20.90%	\$35,944,198	28.10%	\$855,814	\$860,000
2019	>\$1,000,000	62	30.85%	\$70,337,533	54.98%	\$1,134,476	\$1,000,000
Total		201	100.00%	\$127,934,827	100.00%	\$636,492	\$750,000

Travel Time

Year	Count	Injury to Report Average	Injury to Report Median	Report to Close Average	Report to Close Median	Injury to Close Average	Injury to Close Median
2014	236	1.73	1.75	4.61	4.04	6.33	5.59
2015	270	1.64	1.67	4.41	3.99	6.05	5.59
2016	318	1.67	1.66	4.07	3.73	5.74	5.34
2017	228	1.84	1.87	4.19	3.83	6.03	5.62
2018	198	1.85	1.75	4.20	3.91	6.06	5.26
2019	201	1.86	1.88	4.29	3.78	6.15	5.65
Total	1451	1.75	1.76	4.29	3.88	6.04	5.49

Time is calculated in years.

It has taken a little less than 2 years on average for a claim to be reported and approximately 4 additional years for the claim to closed. On average, an MPL claim will span 6 years from the time of injury to closure of the claim.



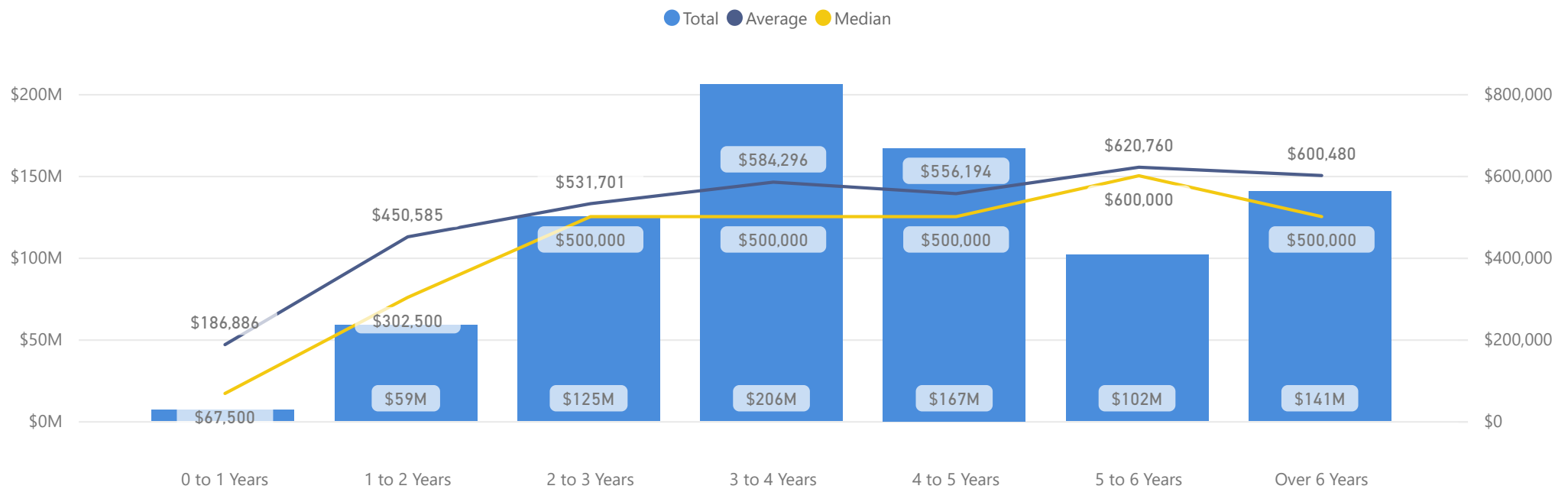
Since travel time has stayed consistent over the years for both the median and average, only the median is displayed in the graph above. The median time from injury to close date is approximately 4–10 months shorter than what appears for the average.

Indemnity, Defense Counsel and AOE by Travel Time

Total		Indemnity Payment					Defense Counsel Payment					AOE Payment				
Report To Close Range	No. of Claims	Report To Close Range	No. of Claims	Total	Average	Median	Report To Close Range	No. of Claims	Total	Average	Median	Report To Close Range	No. of Claims	Total	Average	Median
0 to 1 Years	1510	0 to 1 Years	36	\$6,727,903	\$186,886	\$67,500	0 to 1 Years	902	\$4,232,574	\$4,692	\$2,661	0 to 1 Years	560	\$462,692	\$826	\$237
1 to 2 Years	1212	1 to 2 Years	130	\$58,576,026	\$450,585	\$302,500	1 to 2 Years	849	\$15,915,239	\$18,746	\$11,142	1 to 2 Years	606	\$2,540,233	\$4,192	\$2,138
2 to 3 Years	1218	2 to 3 Years	235	\$124,949,814	\$531,701	\$500,000	2 to 3 Years	981	\$38,398,124	\$39,142	\$26,952	2 to 3 Years	765	\$7,588,007	\$9,919	\$5,630
3 to 4 Years	1142	3 to 4 Years	352	\$205,672,318	\$584,296	\$500,000	3 to 4 Years	1018	\$66,503,359	\$65,327	\$51,335	3 to 4 Years	840	\$13,867,229	\$16,509	\$11,165
4 to 5 Years	808	4 to 5 Years	300	\$166,858,151	\$556,194	\$500,000	4 to 5 Years	739	\$61,506,917	\$83,230	\$65,118	4 to 5 Years	636	\$13,407,867	\$21,082	\$14,870
5 to 6 Years	456	5 to 6 Years	164	\$101,804,618	\$620,760	\$600,000	5 to 6 Years	425	\$47,438,549	\$111,620	\$87,940	5 to 6 Years	385	\$9,656,074	\$25,081	\$18,313
Over 6 Years	733	Over 6 Years	234	\$140,512,280	\$600,480	\$500,000	Over 6 Years	708	\$88,052,128	\$124,367	\$99,827	Over 6 Years	664	\$23,377,478	\$35,207	\$24,949
Total	7079	Total	1451	\$805,101,111	\$554,859	\$500,000	Total	5622	\$322,046,890	\$57,283	\$31,992	Total	4456	\$70,899,580	\$15,911	\$7,624

The claims with travel times between two and five years make up 61% of all claims with an indemnity payment and make up 62% of the total indemnity payment.

Indemnity Payment by Travel Time



Median and average indemnity payments increase with the travel time up until the 3–4 year mark and then fluctuate for the longer time frames. The peak severity occurs in the 5–6 year time frame, though the number of claims in that group is less than those in the surrounding groupings.

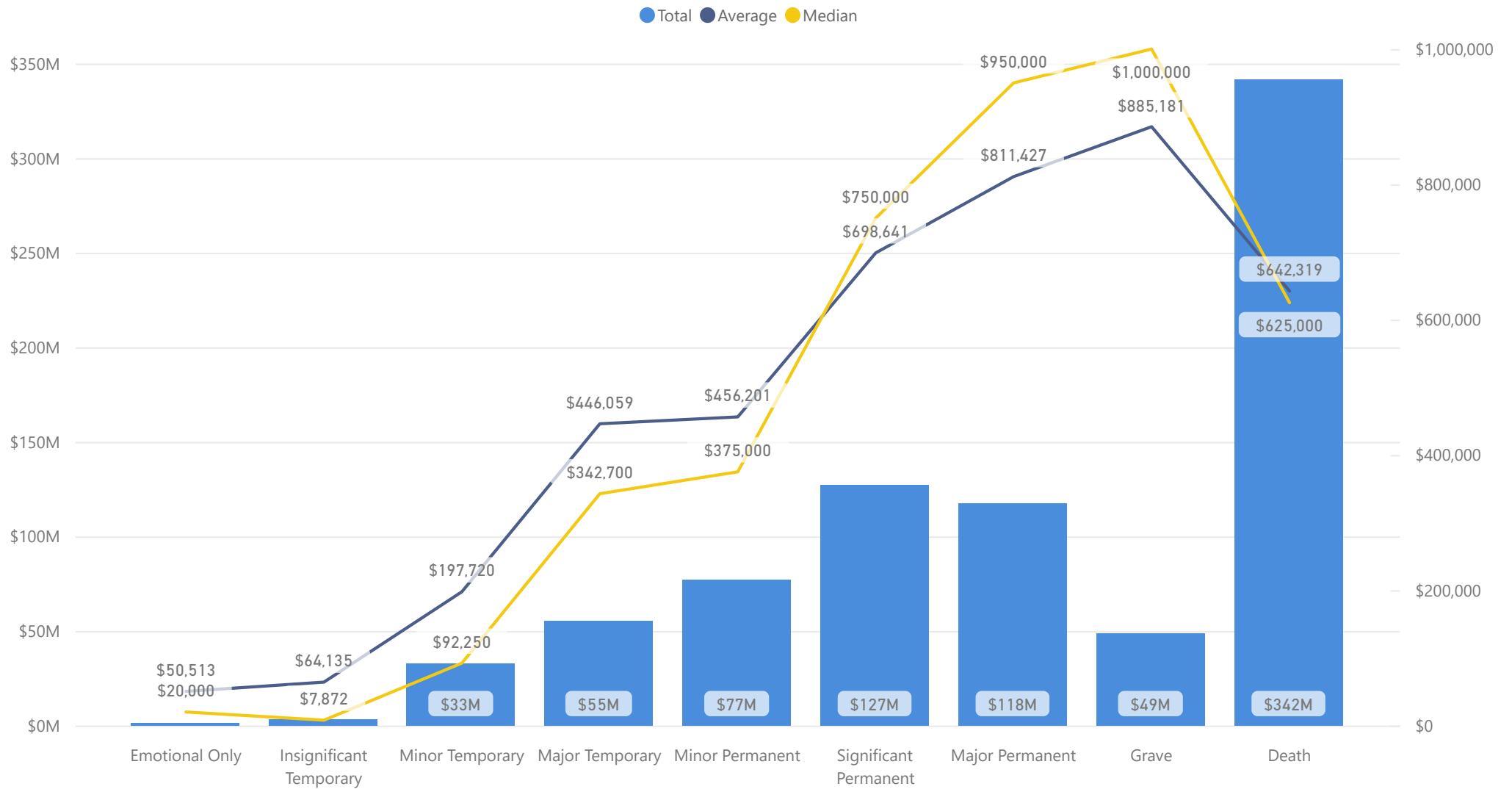
Indemnity, Defense Counsel and AOE by Severity of Injury.

Total			Indemnity Payment					
Severity	No. of Claims	Percent of Claims	Severity	No. of Claims	Percent of Claims	Total	Average	Median
Emotional Only	323	4.56%	Emotional Only	25	1.72%	\$1,262,820	\$50,513	\$20,000
Insignificant Temporary	478	6.75%	Insignificant Temporary	53	3.65%	\$3,399,156	\$64,135	\$7,872
Minor Temporary	1251	17.67%	Minor Temporary	166	11.44%	\$32,821,446	\$197,720	\$92,250
Major Temporary	723	10.21%	Major Temporary	124	8.55%	\$55,311,325	\$446,059	\$342,700
Minor Permanent	756	10.68%	Minor Permanent	169	11.65%	\$77,097,961	\$456,201	\$375,000
Significant Permanent	597	8.43%	Significant Permanent	182	12.54%	\$127,152,750	\$698,641	\$750,000
Major Permanent	586	8.28%	Major Permanent	145	9.99%	\$117,656,927	\$811,427	\$950,000
Grave	167	2.36%	Grave	55	3.79%	\$48,684,936	\$885,181	\$1,000,000
Death	2198	31.05%	Death	532	36.66%	\$341,713,792	\$642,319	\$625,000
Total	7079	100.00%	Total	1451	100.00%	\$805,101,111	\$554,859	\$500,000

Defense Counsel Payment						AOE Payment					
Severity	No. of Claims	Percent of Claims	Total	Average	Median	Severity	No. of Claims	Percent of Claims	Total	Average	Median
Emotional Only	158	2.81%	\$5,003,120	\$31,665	\$12,078	Emotional Only	67	1.50%	\$560,275	\$8,362	\$2,674
Insignificant Temporary	254	4.52%	\$5,961,960	\$23,472	\$5,147	Insignificant Temporary	82	1.84%	\$538,781	\$6,570	\$1,114
Minor Temporary	815	14.50%	\$27,441,751	\$33,671	\$9,463	Minor Temporary	484	10.86%	\$4,297,184	\$8,878	\$2,238
Major Temporary	583	10.37%	\$27,937,163	\$47,920	\$23,951	Major Temporary	477	10.70%	\$6,291,679	\$13,190	\$5,719
Minor Permanent	610	10.85%	\$33,087,919	\$54,242	\$31,727	Minor Permanent	524	11.76%	\$7,260,122	\$13,855	\$6,226
Significant Permanent	525	9.34%	\$36,442,221	\$69,414	\$45,038	Significant Permanent	428	9.61%	\$9,077,390	\$21,209	\$12,545
Major Permanent	525	9.34%	\$33,532,377	\$63,871	\$38,467	Major Permanent	488	10.95%	\$8,513,707	\$17,446	\$8,587
Grave	156	2.77%	\$14,419,862	\$92,435	\$65,760	Grave	145	3.25%	\$4,135,076	\$28,518	\$11,470
Death	1996	35.50%	\$138,220,516	\$69,249	\$47,233	Death	1761	39.52%	\$30,225,366	\$17,164	\$9,820
Total	5622	100.00%	\$322,046,890	\$57,283	\$31,992	Total	4456	100.00%	\$70,899,580	\$15,911	\$7,624

Defense counsel payments and AOE payments each have significantly higher averages than medians at each severity level, indicating that there are a relatively small number of claims with very high payments. Indemnity payments are showing the opposite trend for the higher severity claims (excluding death), indicating that most claims at high severities have high indemnity payments. However, there are a few claims at these high severities that are settled for a relatively small indemnity amount.

Indemnity Payment by Severity of Injury



The average and median indemnity payments increase as the severity of injury increases, with the exception of Death.

Indemnity, Defense Counsel and AOE by Age of Injured Party

Age of Injured Party

Infant – Ages 0 through 3

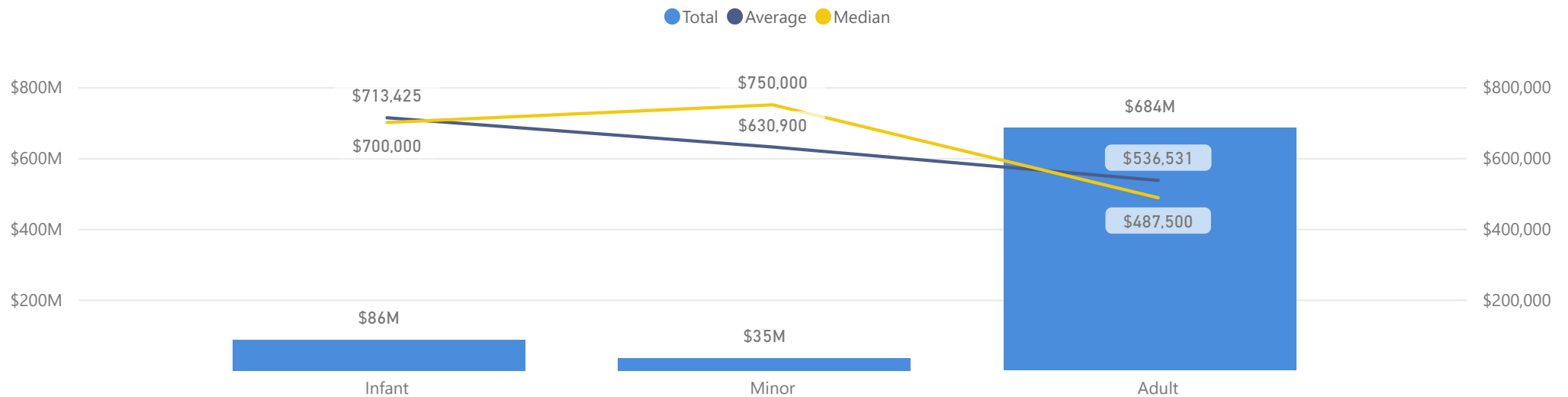
Minor – Ages 4 through 17

Adult – Ages 18 and older

Indemnity Payment							Defense Counsel Payment					AOE Payment				
Age of Injured Party	No. of Claims	Age	No. of Claims	Total	Average	Median	Age	No. of Claims	Total	Average	Median	Age	No. of Claims	Total	Average	Median
Infant	505	Infant	121	\$86,324,430	\$713,425	\$700,000	Infant	425	\$30,109,211	\$70,845	\$52,733	Infant	347	\$7,270,290	\$20,952	\$10,734
Minor	173	Minor	55	\$34,699,500	\$630,900	\$750,000	Minor	148	\$10,210,214	\$68,988	\$37,172	Minor	121	\$2,454,659	\$20,286	\$12,517
Adult	6401	Adult	1275	\$684,077,181	\$536,531	\$487,500	Adult	5049	\$281,727,465	\$55,799	\$30,919	Adult	3988	\$61,174,631	\$15,340	\$7,407
Total	7079	Total	1451	\$805,101,111	\$554,859	\$500,000	Total	5622	\$322,046,890	\$57,283	\$31,992	Total	4456	\$70,899,580	\$15,911	\$7,624

The average payment for indemnity, defense counsel, and AOE, along with the median payment for defense counsel, are all highest for the Infant grouping, while the median payment for indemnity and AOE is highest for the Minor grouping.

Indemnity Payment by Age



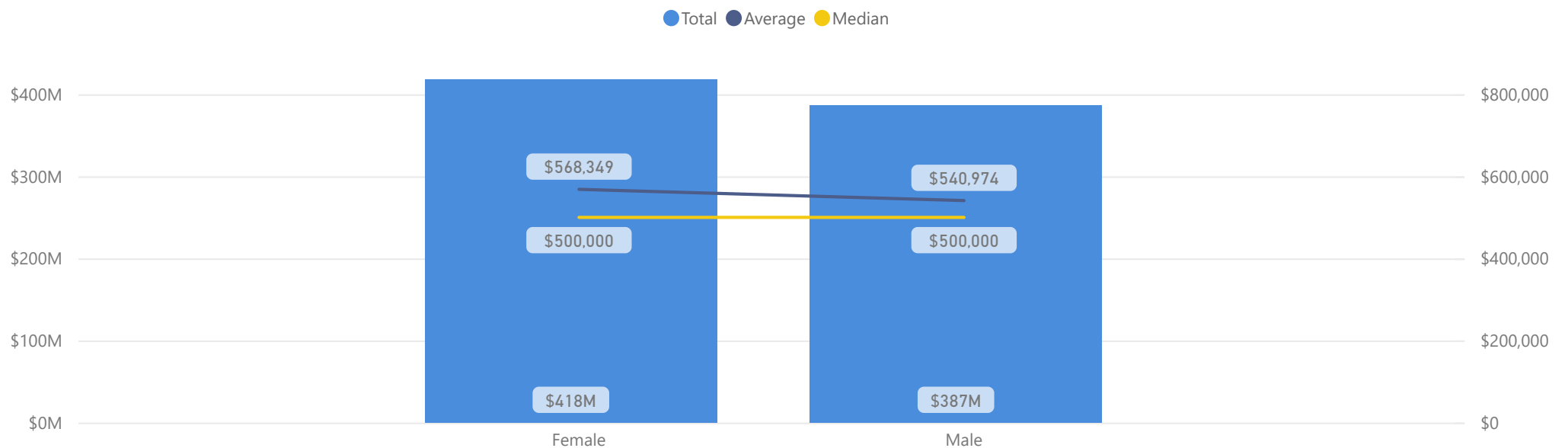
While the median indemnity payment is higher than the average for the Minor grouping, the average is greater than the median for both the Infant and Adult groupings.

Indemnity, Defense Counsel and AOE by Gender of Injured Party.

		Indemnity Payment					Defense Counsel Payment					AOE Payment				
Gender	Count	Gender	Count	Total	Average	Median	Gender	Count	Total	Average	Median	Gender	Count	Total	Average	Median
Female	3336	Female	736	\$418,304,749	\$568,349	\$500,000	Female	2810	\$170,590,811	\$60,708	\$36,033	Female	2422	\$37,328,419	\$15,412	\$7,501
Male	3743	Male	715	\$386,796,362	\$540,974	\$500,000	Male	2812	\$151,456,079	\$53,861	\$28,592	Male	2034	\$33,571,161	\$16,505	\$7,932
Total	7079	Total	1451	\$805,101,111	\$554,859	\$500,000	Total	5622	\$322,046,890	\$57,283	\$31,992	Total	4456	\$70,899,580	\$15,911	\$7,624

The average defense counsel payment for Females is slightly higher than for Males, however the average AOE payment is slightly higher for Males than for Females.

Indemnity Payment by Gender



The median indemnity payment is identical between Females and Males, however Females have a higher average indemnity payment than Males.

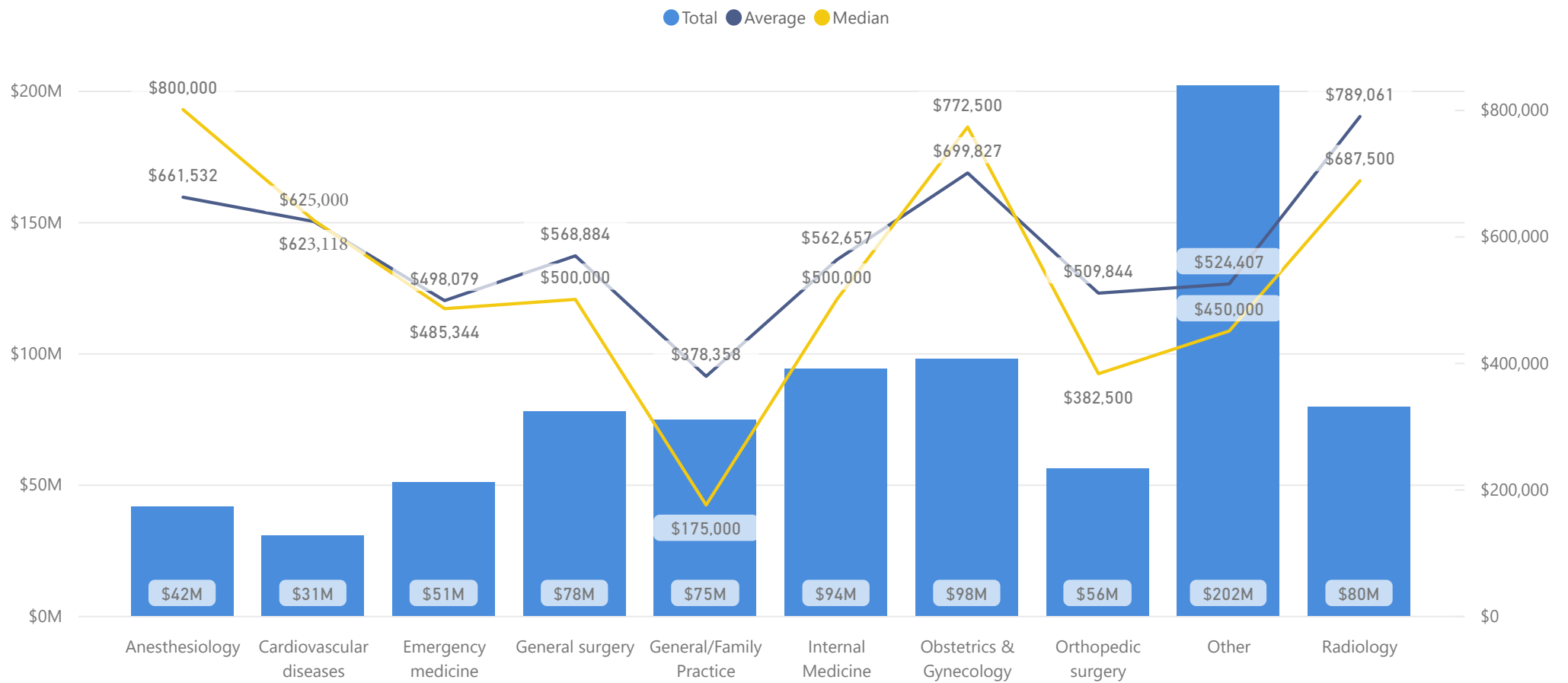
Indemnity, Defense Counsel and AOE by Specialty Code

Total			Indemnity Payment				
NPDB Code Description	Count	Percentage	NPDB Code Description	Count	Total	Average	Median
Anesthesiology	275	3.88%	Anesthesiology	63	\$41,676,500	\$661,532	\$800,000
Cardiovascular diseases	232	3.28%	Cardiovascular diseases	49	\$30,532,761	\$623,118	\$625,000
Emergency medicine	398	5.62%	Emergency medicine	102	\$50,804,045	\$498,079	\$485,344
General surgery	660	9.32%	General surgery	137	\$77,937,140	\$568,884	\$500,000
General/Family Practice	1027	14.51%	General/Family Practice	197	\$74,536,445	\$378,358	\$175,000
Internal Medicine	917	12.95%	Internal Medicine	167	\$93,963,642	\$562,657	\$500,000
Obstetrics & Gynecology	560	7.91%	Obstetrics & Gynecology	140	\$97,975,736	\$699,827	\$772,500
Orthopedic surgery	534	7.54%	Orthopedic surgery	110	\$56,082,888	\$509,844	\$382,500
Other	2110	29.81%	Other	385	\$201,896,757	\$524,407	\$450,000
Radiology	366	5.17%	Radiology	101	\$79,695,198	\$789,061	\$687,500
Total	7079	100.00%	Total	1451	\$805,101,111	\$554,859	\$500,000

Defense Counsel Payment					AOE Payment				
NPDB Code Description	Count	Total	Average	Median	NPDB Code Description	Count	Total	Average	Median
Anesthesiology	236	\$14,115,931	\$59,813	\$41,247	Anesthesiology	214	\$4,920,446	\$22,993	\$9,373
Cardiovascular diseases	204	\$13,185,681	\$64,636	\$39,693	Cardiovascular diseases	181	\$3,208,204	\$17,725	\$9,862
Emergency medicine	325	\$22,914,193	\$70,505	\$41,168	Emergency medicine	256	\$4,466,268	\$17,446	\$9,304
General surgery	547	\$31,970,080	\$58,446	\$33,781	General surgery	474	\$6,827,629	\$14,404	\$7,283
General/Family Practice	557	\$32,405,057	\$58,178	\$35,797	General/Family Practice	375	\$5,835,713	\$15,562	\$8,283
Internal Medicine	793	\$44,982,587	\$56,725	\$37,979	Internal Medicine	653	\$9,418,535	\$14,423	\$7,853
Obstetrics & Gynecology	484	\$33,776,841	\$69,787	\$45,336	Obstetrics & Gynecology	439	\$8,079,241	\$18,404	\$8,938
Orthopedic surgery	444	\$22,221,758	\$50,049	\$25,901	Orthopedic surgery	355	\$5,057,348	\$14,246	\$5,907
Other	1712	\$90,825,252	\$53,052	\$23,639	Other	1224	\$20,085,805	\$16,410	\$7,383
Radiology	320	\$15,649,510	\$48,905	\$27,493	Radiology	285	\$3,000,391	\$10,528	\$4,470
Total	5622	\$322,046,890	\$57,283	\$31,992	Total	4456	\$70,899,580	\$15,911	\$7,624

General Surgery, General/Family Practice, and Internal Medicine account for 35% of claims with indemnity payment, 34% of claims with defense counsel payment and 34% of claims with AOE payment.

Indemnity Payment by Specialty Code



Radiology has the highest average indemnity payment of all specialty types. Anesthesiology and Obstetrics & Gynecology follow closely behind, and interestingly both of these specialty codes have a higher median than average indemnity payment. Most other specialty codes have a higher average than median.

Indemnity, Defense Counsel and AOE by Region

Region	Rating Counties	2019 Estimated Population
Region 1a:	Cook	5,150,233
Region 1b:	Madison and St. Clair	522,652
Region 1c:	McHenry and Will	998,517
Region 2:	DuPage, Kane and Lake	2,151,859
Region 3:	Champaign, Jackson, Macon, Sangamon and Vermilion	640,878
Region 4:	Remainder of State	3,207,682
Unknown:	Out of State/Unknown	Unknown

Source: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2019; U.S. Census Bureau, Population Division; Release date: March 2020

Indemnity Payment							Defense Counsel Payment					AOE Payment				
Region	Count	Region	Count	Total	Average	Median	Region	Count	Total	Average	Median	Region	Count	Total	Average	Median
1a	3510	1a	788	\$488,428,058	\$619,833	\$600,000	1a	3053	\$192,167,694	\$62,944	\$40,651	1a	2633	\$40,766,248	\$15,483	\$7,879
1b	242	1b	61	\$36,980,000	\$606,230	\$500,000	1b	193	\$11,879,168	\$61,550	\$37,739	1b	165	\$2,716,866	\$16,466	\$7,632
1c	571	1c	115	\$31,451,420	\$273,491	\$50,000	1c	390	\$18,958,285	\$48,611	\$23,668	1c	217	\$2,812,267	\$12,960	\$5,526
2	600	2	105	\$61,810,668	\$588,673	\$500,000	2	483	\$28,034,252	\$58,042	\$30,865	2	415	\$7,338,084	\$17,682	\$8,160
3	356	3	94	\$49,887,395	\$530,717	\$355,000	3	272	\$13,407,620	\$49,293	\$25,755	3	218	\$3,323,257	\$15,244	\$7,071
4	1745	4	280	\$132,256,070	\$472,343	\$400,000	4	1183	\$55,150,765	\$46,619	\$18,111	4	766	\$13,586,999	\$17,738	\$7,994
Unknown	55	Unknown	8	\$4,287,500	\$535,938	\$500,000	Unknown	48	\$2,449,105	\$51,023	\$13,729	Unknown	42	\$355,859	\$8,473	\$883
Total	7079	Total	1451	\$805,101,111	\$554,859	\$500,000	Total	5622	\$322,046,890	\$57,283	\$31,992	Total	4456	\$70,899,580	\$15,911	\$7,624

Appendix A – Reporting Instructions

MEDICAL MALPRACTICE CLAIMS REPORTING INSTRUCTIONS

As required by [215 ILCS 5/155.19] and 50 Ill. Adm. Code 928:

1. File all opened, closed, re-opened, and re-closed medical professional liability insurance claims and lawsuits, including any updates, with the DOI on a quarterly basis. For closed claims, include claims closed without payment. Insurance claim means a formal or written demand for compensation under a medical professional liability insurance policy relating to allegations of liability on the part of one or more providers for any act, error or omission in the rendering of, or failure to render, medical services for medically related injuries. Insurance claim includes any instance for which benefits or compensation are payable or eligible to be paid under any coverage under the policy. Lawsuit means a complaint filed in any court in this State alleging liability on the part of one or more providers for any act, error or omission in the rendering of, or failure to render, medical services for medically related injuries.
2. File separate reports for each defendant you insure. Each filing of a claim or lawsuit report shall be identified with a unique claim number. If more than one defendant/insured is associated with an incident, a unique claim number is required for each defendant/insured. If more than one claimant/injured party is associated with an incident, a unique claim number is required for each claimant/injured party. When there are multiple associated claims/lawsuits, report the incident identifier in the other claims information section.
3. RESPONSES TO ALL FIELDS ARE REQUIRED. For open claim reports, complete Insurer Information through Contact Person Information. When updating reports, any information may be updated. For closed claim reports, all fields are required.
4. Reports are due on a quarterly basis no later than 45 days after the quarter's end.
5. Supplement A to Schedule T Data Reconciliation Forms for the prior year shall be submitted no later than April 30 of the current year to DOI.MedMal@Illinois.gov or through mail addressed to the Illinois Department of Insurance, Casualty Actuarial Unit, 320 W. Washington St., Springfield, Illinois 62767-0001.

Note: Rule 928 in its entirety can be found at the following location:

<http://www.ilga.gov/commission/jcar/admincode/050/05000928sections.html>

Insurer Information

- 1a. Insurer Name (not group name) (Maximum = 40 characters).
- 1b. Insurer 9-digit FEIN. Entities without a Federal Employer Identification Number (FEIN), contact the DOI for assigned number.

Initial Claim Information

- 2a. Claim ID. For each open claim report, assign a distinguishing claim number sufficient to enable the DOI to track a particular claim over a period of years. This claim number should consist of a unique sequence of letters and/or numbers. Once a claim number has been assigned, it should not be repeated for any future claim. One claim record should be reported for each named individual or entity formally alleged to have contributed to an injury or grievance, and from whom a malpractice payment is being sought. On re-opened claims, use the same claim number as the original claim file that is being re-opened.
- 2b. Date of Principal or Alleged Injury (MM/DD/YYYY). Report the date of the earliest alleged error or omission that was the first necessary if not sufficient cause of the alleged medical injury.
- 2c. Date Incident First Reported to Insurer. (MM/DD/YYYY) Date of alleged injury first reported to the insurer.
- 2d. Date Claim Opened by Insurer. (MM/DD/YYYY)
- 2e. Date Claim Re-Opened by Insurer. (MM/DD/YYYY)
- 2f. Date of Original Closure. (MM/DD/YYYY). Only applicable if claim was re-opened.
- 2g. Date of Final Closure (MM/DD/YYYY). The date of final disposition or settlement of a claim. Payments for defense costs or indemnity may occur after the date of closure (as in a structured settlement).

Insured Information

- 3a. Profession or Business Code. (1) Physician or Surgeon*; (2) Hospital; (3) Nurse*; (4) Nursing Home; (5) Dentist*; (6) Pharmacy; (7) Optometrist*; (8) Chiropractor*; (9) Podiatrist/Chiropodist*; (10) Clinic/Corporation; (11) Other* – Employee (Maximum = 25 characters). A code with an asterisk (*) requires a "Type of Practice Code" as well.
- 3b. Type of Practice Code. (1) Institutional, including Academic; (2) Professional Corporation, Partnership, or Group; (3) Self-Employed; (4) Hospital; (5) Nursing Home; (6) All Other Employees; (7) Intern or Resident.
- 3c. Insured's Name, including suffix such as MD, DO, etc.
- 3d. Insured's Illinois License Number. Enter FEIN for clinics and corporations.
- 3e. Medical Specialty Codes. Select the most relevant specialty code from the following table.

Code	Description
Physician Specialties	
01	Allergy and Immunology
03	Aerospace Medicine
05	Anesthesiology
10	Cardiovascular Diseases
13	Child Psychiatry
20	Dermatology
23	Diagnostic Radiology
25	Emergency Medicine
29	Forensic Pathology
30	Gastroenterology
33	General/Family Practice
35	General Preventive Medicine
37	Hospitalist
39	Internal Medicine
40	Neurology
43	Neurology, Clinical Neurophysiology
45	Nuclear Medicine
50	Obstetrics & Gynecology
53	Occupational Medicine
55	Ophthalmology
59	Otolaryngology
60	Pediatrics
63	Psychiatry
65	Public Health
67	Clinical Pharmacology
69	Physical Medicine & Rehabilitation
70	Pulmonary Diseases
73	Anatomic/Clinical Pathology
75	Radiology
76	Radiation Oncology
80	Colon & Rectal Surgery
81	General Surgery
82	Neurological Surgery
83	Orthopedic Surgery
84	Plastic Surgery
85	Thoracic Surgery
86	Urological Surgery
98	Other Specialty – not classified
99	Unspecified
Dental Specialties	
D1	General Dentistry (no specialty)
D2	Dental: Public Health
D3	Endodontics
D4	Oral and Maxillofacial surgery
D5	Oral and Maxillofacial Pathology
D6	Orthopedics

D7	Pediatric Dentistry
D8	Periodontics
D9	Prosthodontics
DA	Oral and Maxillofacial Radiology
DB	Unknown

- 3f. County of Insured's Principal Place of Practice for Rating Purposes.
- 3g. Policy Limits Available, Primary Coverage. Policy limits available for the claim being reported under the insured's primary coverage.
- 3h. Policy Limits Available, Excess Coverage. Policy limits available for the claim being reported under the insured's excess coverage.

Place of Injury Information

- 4a. Place Where Alleged Injury Occurred Code. Enter only one. (1) Hospital Inpatient Facility*; (2) Emergency Room; (3) Hospital Outpatient Facility*; (4) Nursing Home*; (5) Physician's Office; (6) Patient's Home; (7) Other Outpatient Facility, including Clinics*; (U) Unknown*; (X) Other* – describe place (Maximum = 25 characters).

A code with an asterisk (*) requires a "Location Within Institution Code" as well.

- 4b. Location Within Institution Code. (1) Patient's Room; (2) Labor/Delivery Room; (3) Operating Suite; (4) Recovery Room; (5) Critical Care Unit; (6) Special Procedure Room; (7) Nursery; (8) Radiology; (9) Physical Therapy Department; (U) Unknown; (X) Other – describe (Maximum = 25 characters).
- 4c. County Where Alleged Injury Occurred. Full name of the county in which the injury is alleged to have occurred.

Injured Person Information

- 5a. Injured Person's Name.
- 5b. Injured Person's Gender. M F
- 5c. Injured Person's Age. Enter age of injured person at the date of injury.

Other Claim Information

- 6a. Total Number of Defendants. Enter total number of persons or corporations that you insure that are involved in the incident relating to this claim.
- 6b. Incident Identifier. Each reporting entity should assign a unique numeric identifier for each incident or occurrence. An occurrence is an event or series of events leading to an allegation of malpractice, and which may involve allegations against multiple individuals and entities. An occurrence is defined causally and may or may not be constrained in time. For example, multiple failures to diagnose a given illness

may occur over a period of years. Such a series of events would be considered a single occurrence. Each claim submitted for providers involved in a single occurrence should be assigned the same incident identifier.

Contact Person Information

- 7a. Name of Person Responsible for Preparing this Report.
- 7b. Title of Person Responsible for Preparing this Report.
- 7c. Contact Person Name (if different than Name of Person Responsible for Preparing this Report).
- 7d. Contact Person Telephone Number.
- 7e. Contact Person Email Address.

Plaintiff Attorney Information

- 8a. Plaintiff Attorney's Name or Name of Law Firm.
- 8b. Plaintiff Attorney's Office City.
- 8c. Plaintiff's Attorney's Office State.

Claim Data Information

- 9a. Nature and Substance of Claim. Give complete description of all actions and circumstances causing the claim, including allegations made by claimant. (Maximum = 250 characters)
- 9b. Allegation Codes Related to Claim. Enter as many codes as needed. Use DOI 3-digit codes listed below.
(1) Diagnosis Related; (2) Anesthesia Related; (3) Surgery Related; (4) Medication Related; (5) Intravenous and Blood Products Related; (6) Obstetrics Related; (7) Treatment Related; (8) Monitoring Related; (9) Biomedical Equipment/Product Medication Related; (10) Miscellaneous Related.

DOI 3-digit Allegation Code choices:

Diagnosis-Related 010 – Failure to Diagnose (e.g., concluding that patient has no disease or condition worthy of follow-up or observation)
 020 – Wrong Diagnosis or Misdiagnosis (e.g., original diagnosis is incorrect)
 030 – Improper Performance of Test
 040 – Unnecessary Diagnostic Test
 050 – Delay in Diagnosis
 060 – Failure to Obtain Consent/Lack of Informed Consent
 070 – Diagnosis Related – Not Otherwise Classified

Anesthesia-Related 110 – Failure to Complete Patient Assessment
 120 – Failure to Monitor
 130 – Failure to Test Equipment
 140 – Improper Choice of Anesthesia Agent or Equipment

	150 – Improper Technique/Induction
	160 – Improper Equipment Use
	170 – Improper Intubation
	180 – Improper Positioning
	185 – Failure to Obtain Consent/Lack of Informed Consent
	190 – Anesthesia Related – Not Otherwise Classified
Surgery-Related	210 – Failure to Perform Surgery
	220 – Improper Positioning
	230 – Retained Foreign Body
	240 – Wrong Body Part
	250 – Improper Performance of Surgery
	260 – Unnecessary Surgery
	270 – Delay in Surgery
	280 – Improper Management of Surgical Patient
	285 – Failure to Obtain Consent/Lack of Informed Consent
	290 – Surgery Related – Not Otherwise Classified
Medication-Related	305 – Failure to Order Appropriate Medication
	310 – Wrong Medication Ordered
	315 – Wrong Dosage Ordered of Correct Medication
	320 – Failure to Instruct on Medication
	325 – Improper Management of Medication Regimen
	330 – Failure to Obtain Consent/Lack of Informed Consent
	340 – Medication Error – Not Otherwise Classified
	350 – Failure to Medicate
	355 – Wrong Medication Administered
	360 – Wrong Dosage Administered
	365 – Wrong Patient
	370 – Wrong Route
	380 – Improper Technique/Induction
	390 – Medication Administration Related – Not Otherwise Classified
Intravenous & Blood Products- Related	410 – Failure to Monitor
	420 – Wrong Solution
	430 – Improper Performance
	440 – I.V. Related – Not Otherwise Classified
	450 – Failure to Ensure Contamination Free
	460 – Wrong Type
	470 – Improper Administration
	480 – Failure to Obtain Consent/Lack of Informed Consent
	490 – Blood Product Related – Not Otherwise Classified
Obstetrics-Related	505 – Failure to Manage Pregnancy
	510 – Improper Choice of Delivery Method

	520 – Improperly Performed Vaginal Delivery
	530 – Improperly Performed C-Section
	540 – Delay in Delivery (Induction or Surgery)
	550 – Failure to Obtain Consent/Lack of Informed Consent
	555 – Improperly Managed Labor – Not Otherwise Classified
	560 – Delay in Treatment of Fetal Distress (i.e., identified but treated in untimely manner)
	570 – Retained Foreign Body/Vaginal/Uterine
	575 – Abandonment
	580 – Wrongful Life/Birth
	590 – Obstetrics Related – Not Otherwise Classified
Treatment-Related	610 – Failure to Treat
	620 – Wrong Treatment/Procedure Performed
	630 – Failure to Instruct Patient on Self-Care
	640 – Improper Performance of Treatment/Practice
	650 – Improper Management of Course of Treatment
	660 – Unnecessary Treatment
	665 – Delay in Treatment
	670 – Premature End of Treatment (Also Abandonment)
	675 – Failure to Supervise Treatment/Procedure
	680 – Failure to Obtain Consent/Lack of Informed Consent
	685 – Failure to Refer or Seek Consultation
	690 – Treatment Related – Not Otherwise Classified
Monitoring-Related	710 – Failure to Monitor
	720 – Failure to Respond to Patient
	730 – Failure to Report on Patient Condition
	790 – Monitoring Related – Not Otherwise Classified
Biomedical Equipment/ Product-Related	810 – Failure to Inspect/Monitor
	820 – Improper Maintenance
	830 – Improper Use
	840 – Failure to Respond to Warning
	850 – Failure to Instruct Patient on Use of Equipment/Product
	860 – Malfunction/Failure
	890 – Biomedical Equipment/Product-Related – Not Otherwise Classified
Miscellaneous- Related	920 – Failure to Protect Third Parties (e.g., failure to warn/protect from violent patient behavior)
	930 – Breach of Confidentiality/Privacy
	940 – Failure to Maintain Appropriate Infection Control
	950 – Failure to Follow Institutional Policy or Procedure
	960 – Other (Provide Detailed Description)
	990 – Failure to Review Providing Performance

9c. Severity of Injury Code. Select only one – Select code for principal injury if several injuries are involved.

Temporary:	1. Emotional Only (e.g., fright, no physical damage)
	2. Insignificant (e.g., lacerations, contusions, minor scars, rash; no delay)
	3. Minor (e.g., infections, misset fracture, fall in hospital; recovery delayed)
	4. Major (e.g., burns, surgical material left, drug side effect, brain damage; recovery delayed)
Permanent:	5. Minor (e.g., loss of fingers, loss or damage to organs; includes non-disabling injuries)
	6. Significant (e.g., deafness, loss of limb, loss of eye, loss of one kidney or lung)
	7. Major (e.g., paraplegia, blindness, loss of two limbs, brain damage)
	8. Grave (e.g., quadriplegia, severe brain damage, lifelong care or fatal prognosis)
	9. Death

9d. Claim Disposition Code. Enter code representing the final disposition of the claim. (1) Settled by Parties*; (2) Disposed of by a Court**; (3) Disposed of by Binding Arbitration***; (4) Suit Abandoned****; (5) Claim Abandoned.

A code with an (*) requires a "Settlement Code" as well.

A code with an (**) requires "Court Information" to be completed as well.

A code with an (***) requires a "Binding Arbitration Code" as well.

A code with an (****) requires a "County of Circuit Court" and "Docket Number" as well.

9e. Settlement Code. (1) Before Filing Suit or Demanding Arbitration Hearing; (2) Before Trial or Hearing; (3) During Trial or Hearing; (4) After Trial or Hearing but Before Judgment or Decision/Award; (5) After Judgment or Decision but Before Appeal; (6) During Appeal; (7) After Appeal; (8) As a result of Review Panel or Non-Binding Arbitration**; (9) As a Result of Mediation; (10) As a Result of High/Low Settlement***.

A code with an (**) requires a "Review Panel or Non-Binding Arbitration Code" as well.

A code with an (***) requires all applicable "Court Information" except "Court Code".

9f. Review Panel or Non-Binding Arbitration Code. (1) Finding for Plaintiff; (2) Finding for Defendant.

9g. Binding Arbitration Code (1) Award for Plaintiff; (2) Award for Defendant.

Court Information

10a. Court Code. (1) Directed Verdict for Plaintiff; (2) Directed Verdict for Defendant; (3) Judgment Notwithstanding Verdict for Plaintiff (judgment for defendant); (4) Judgment Notwithstanding Verdict for Defendant (judgment for plaintiff); (5) Judgment for Plaintiff; (6) Judgment for Defendant; (7) Decision for Plaintiff on Appeal; (8) Decision for Defendant on Appeal; (9) Voluntary Dismissal; (10) Involuntary Dismissal; (11) All Other Actions.

- 10b. County of Circuit Court. County of Circuit Court where lawsuit occurred
- 10c. Docket Number.
- 10d. Date of Award. (MM/DD/YYYY)
- 10e. Was the Circuit Court decision appealed? Y or N
If "Y", Describe the Result of the Appeal (Maximum = 25 characters).
- 10f. Describe any Other Post Trial Motions (Maximum = 25 characters).
- 10g. Economic Damages. Amount of economic damages awarded by the court (whole dollar amounts only).
- 10h. Non-economic Damages. Amount of non-economic damages awarded by the court (whole dollar amounts only).
- 10i. Liability Doctrine. Indicate whether liability governed by the doctrine of joint and several liability (J) or whether liability was separate (S)

Claim Payment Information

- 11a. Total Direct Indemnity Paid/Payable by You Under this Policy on Behalf of this Insured/Defendant (whole dollar amounts only).
- 11b. Economic Damages. If 9d. Claim Disposition Code is (2) Disposed of by a Court, enter the amount that was paid/payable by you for economic damages, as indicated by the court award. This amount plus 11c. Non-Economic Damages must equal amount reported in 11a. Total Direct Indemnity Paid/Payable by You Under this Policy on Behalf of this Insured/Defendant (whole dollar amounts only).
- 11c. Non-Economic Damages. If 9d. Claim Disposition Code is (2) Disposed of by a Court, enter amount that was paid/payable by you for non-economic damages, as indicated by the court award. This amount plus 11b. Economic Damages must equal amount reported in 11a. Total Direct Indemnity Paid/Payable by You Under this Policy on Behalf of this Insured/Defendant (whole dollar amounts only).
- 11d. Direct Loss Adjustment Expense Paid/Payable by You under this Policy to Defense Counsel (whole dollar amounts only).
- 11e. All Other Allocated Loss Adjustment Expenses Paid/Payable by You for this Insured/Defendant for this claim, including filing fees, telephone charges, photocopy fees, expenses of defense counsel, etc (whole dollar amounts only).
- 11f. Direct Indemnity Paid/Payable by You Under All Policies for this Insured/Defendant (whole dollar amounts only).
- 11g. Other Indemnity Paid by or on Behalf of this Insured/Defendant (whole dollar amounts only).
- D) Deductible(s) paid by insured/defendant for this claim under this policy;
- E) Indemnity paid under any excess limits policy issued by you;

- R) Amount paid by insured/defendant under self-insured retention;
- S) Amount you paid above any stop loss limit.

- 11h. Claimed Medical Expense. Amount of medical expense claimed by the plaintiff/injured party (whole dollar amounts only).
- 11i. Claimed Wage Loss. Amount of wage loss claimed by the plaintiff/injured party (whole dollar amounts only).
- 11j. Trial Type. If trial was started, indicate whether it was a bench trial (B) or jury trial (J).

Appendix B – Medical Provider Specialty Definitions

Description	Group
Anesthesiology	Anesthesiology
Anesthesiology - All Other	
Anesthesiology - Physicians & Surgeons	
Cardiovascular Disease - minor surgery	Cardiovascular diseases
Cardiovascular Disease - minor surgery (DO)	
Cardiovascular Disease - no surgery	
Cardiovascular Diseases	
Physicians - no major surgery: Angiography, Arteriography or Catheterization	
Surgery - cardiac	
Surgery - vascular	
Emergency Medicine	Emergency medicine
Emergency Medicine - including major surgery	
Emergency Medicine - including major surgery (DO)	
Emergency Medicine - no major surgery	
Endocrinology - minor surgery	General surgery
General Surgery	
Physicians - minor surgery	
Physicians - minor surgery - N.O.C.	
Physicians or Surgeons - major surgery. (Active Military) This classification applies to those specialists who would normally be assigned to one of the following codes: 80144, 80146, 80150, 80152, 80154, 80171	
Surgery - general - This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery	
Surgery - general - This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery. (DO)	
Surgery - hand	
Family Physicians or General Practitioners - minor surgery	General/Family Practice
Family Physicians or General Practitioners - no surgery	
Family Physicians or General Practitioners - no surgery (DO)	
General/Family Practice	
Surgery - general practice or family practice	
Internal Medicine	Internal Medicine
Internal Medicine - minor surgery	
Internal Medicine - no surgery	
Internal Medicine - no surgery (DO)	
Nephrology - no surgery	
Gynecology - minor surgery	Obstetrics & Gynecology
Gynecology - no surgery	
Obstetrics & Gynecology	
Surgery - gynecology	
Surgery - obstetrics - gynecology	
Orthopedic Surgery	Orthopedic surgery

Surgery - orthopedic	Other
Surgery - orthopedic (DO)	
Allergy and Immunology	
Allergy/Immunology	
Child Psychiatry	
Psychiatry - Child and Adolescent Psychiatry	
Psychiatry - including child - Osteopaths	
Dermatology	
Dermatology - All Other	
Dermatology - minor surgery - Physicians & Surgeons	
Dermatology - no surgery - Physicians & Surgeons	
Diagnostic Radiology	
Radiology - diagnostic - no surgery	
Radiology - diagnostic - no surgery (DO)	
Forensic Pathology	
Gastroenterology	
Gastroenterology - minor surgery	
Gastroenterology - no surgery	
Surgery - gastroenterology	
General Preventive Medicine	
Hospitalist	
Hospitalists	
Neurology	
Neurology - including child - no surgery - All Other	
Neurology - including child - no surgery - Physicians & Surgeons	
Neurology, Clinical Neurophysiology	
Nuclear Medicine	
Occupational Medicine	
Occupational Medicine - Physicians & Surgeons	
Ophthalmology	
Ophthalmology - minor surgery	
Ophthalmology - no surgery	
Surgery - ophthalmology	
Otolaryngology	
Otorhinolaryngology - minor surgery	
Rhinology - no surgery	
Surgery - otorhinolaryngology	
Pediatrics	
Pediatrics - minor surgery	
Pediatrics - no surgery	
Psychiatry	
Psychiatry - All Other	
Psychiatry - including child - Physicians & Surgeons	
Physiatry/Physical Medicine and Rehabilitation - Physicians & Surgeons	
Physical Medicine & Rehabilitation	

Physical Medicine and Rehabilitation - All Other	
Pulmonary Diseases	
Pulmonary Diseases - no surgery	
Anatomic/Clinical Pathology	
Additional Charges: Radiation Therapy	
Oncology - no surgery (DO)	
Radiation Oncology	
Surgery - oncology	
Colon & Rectal Surgery	
Surgery - colon and rectal	
Neurological Surgery	
Surgery - neurology - including child	
Plastic Surgery	
Surgery - plastic - N.O.C.	
Surgery - plastic - N.O.C. (DO)	
Surgery - plastic - otorhinolaryngology	
Surgery - thoracic	
Thoracic Surgery	
Surgery - urological	
Urological Surgery	
Additional Charges: Employed Physicians or Surgeons Assistants	
Additional Charges: Employed Physicians or Surgeons Assistants (DO)	
Endocrinology - no surgery	
Geriatrics - no surgery	
Hematology - no surgery	
Infectious Diseases - no surgery	
Neonatal/Perinatal Medicine	
Neoplastic Diseases - no surgery	
Other Specialty – not classified	
Pathology - All Other	
Physicians - no major surgery: Radiopaque Dye - Injections into blood vessels, lymphatics, sinus tracts or fistulae. (Not applicable to Radiologists, Code 80280*)	
Physicians - no surgery - N.O.C.	
Physicians or Surgeons	
Psychoanalysis	
Rheumatology - no surgery	
Additional Charges: Corporate or Partnership Liability	
Excess Insurance	
Unspecified	
Radiology	Radiology
Radiology - interventional	
Radiology - therapeutic - no surgery	

Appendix C – Illinois County Map

