

**Chapter 284-24C WAC**  
**SPECIFIC RULES THAT APPLY TO STATISTICAL PLANS FOR MEDICAL PROFESSIONAL LIABILITY REPORTS**

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**WAC**

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**WAC 284-24C-010 Definitions that apply to these rules. (1)**

**"Medical malpractice insurer"** means an authorized general casualty insurer that has premium, loss or loss adjustment expense data for medical malpractice insurance.

(2) **"Medical professional liability insurance"** or **"medical malpractice insurance"** provides coverage for tort claims brought against various medical-related institutions and medical professionals, such as:

(a) Institutions, including hospitals, infirmaries, nursing homes, mental institutions, blood banks, sanitariums, and clinics; and

(b) Individual medical professionals including physicians, surgeons, dentists, nurses, pharmacists, opticians, optometrists, physiotherapists, chiropractors, laboratory technicians, and various specialists.

(3) **"Medical malpractice statistical agent"** means an organization designated by the commissioner under RCW 48.19.370(4) to gather, compile and report medical malpractice statistical data.

(4) **"NAIC *Statistical Handbook*"** is a publication of the National Association of Insurance Commissioners (NAIC) that explains insurance statistical data and provides reporting requirements and report formats for data that statistical agents must submit to the commissioner.

(5) **"Statistical plan"** means a system for collecting information from insurers.

[Statutory Authority: RCW 48.02.060, 48.19.370. WSR 06-13-035 (Matter No. R 2005-02), § 284-24C-010, filed 6/15/06, effective 7/16/06.]

**WAC 284-24C-020 Purpose. (1)** The purpose of this chapter is to:

(a) Incorporate the provisions of chapter 284-24B WAC into this chapter;

(b) Prescribe the manner of reporting statistical data and the types of statistical data medical malpractice insurers must submit to statistical agents under RCW 48.19.370; and

(c) Establish a medical professional liability statistical plan.

(2) This chapter does not limit the powers granted to the commissioner by any law of this state.

[Statutory Authority: RCW 48.02.060, 48.19.370. WSR 06-13-035 (Matter No. R 2005-02), § 284-24C-020, filed 6/15/06, effective 7/16/06.]

**WAC 284-24C-030 Statistical reporting for medical professional liability insurance.** Each medical malpractice insurer must:

(1) Comply with the provisions of RCW 48.19.370 and chapter 284-24B WAC; and

(2) Report its insurance statistical data to a statistical agent designated by the commissioner in accordance with the statistical plans filed by the statistical agent under WAC 284-24B-060 and all additional detail required by this chapter.

[Statutory Authority: RCW 48.02.060, 48.19.370. WSR 06-13-035 (Matter No. R 2005-02), § 284-24C-030, filed 6/15/06, effective 7/16/06.]

**WAC 284-24C-040 NAIC Statistical Handbook—Medical professional liability statistical plan reporting requirements.** These data items, as specified by the *NAIC Statistical Handbook*, must be reported by each medical malpractice insurer to a medical malpractice statistical agent:

(1) Company number: Experience must be reported by the company number assigned by the medical malpractice statistical agent. Medical malpractice statistical agents must convert each company number to NA-IC group and company code numbers.

(2) Accounting/calendar date:

(a) Accounting quarter (where applicable).

(b) Accounting year.

(3) Transaction identifier and amounts. Identify the following items and their respective amounts:

(a) Written premium.

(b) Paid losses.

(c) Paid allocated loss adjustment expenses.

(d) Outstanding losses.

(e) Outstanding allocated loss adjustment expense.

(4) Subline identifier:

(a) Hospital professional and other health care facilities liability.

(b) Physicians, surgeons, and dentists professional liability.

(c) Other health care professional liability.

(d) All composite rated risks.

(e) Indivisible premium policy experience.

(5) Classification codes. Individual industry classification codes describing specific coverage. In Washington, the current Insurance Services Office (ISO) five digit common statistical base classifications must be used.

(6) State indicator.

(7) Policy effective year:

(a) The effective date of the policy, defined as the beginning date of the declarations page or renewal certificate.

(b) For claims-made tail coverage, the date on which tail coverage began is required.

(8) Type of program indicator:

(a) Monoline; or

(b) Package.

(9) Date of entry into the claims-made program:

(a) The date of entry into the claims-made program is the retroactive date employed in claims-made coverage in order to exclude coverage for occurrences that took place prior to that date even though claims resulting from such occurrences are made within the policy period.

(b) Claims-made tail coverage records must include, in the date of entry into the claims-made program field, the date applicable to the basic and excess coverage.

(10) Type of policy contract identifier:

(a) Claims-made coverage - basic and excess.

(b) Claims-made coverage - tail.

(c) Occurrence coverage.

(11) Exposures. The applicable exposure is required for each of the subdivisions of experience for which separate classification codes and exposure bases exist. The current Insurance Services Office (ISO) exposure reporting basis included with the common statistical base classifications must be used.

[Statutory Authority: RCW 48.02.060, 48.19.370. WSR 06-13-035 (Matter No. R 2005-02), § 284-24C-040, filed 6/15/06, effective 7/16/06.]

**WAC 284-24C-050 Additional medical professional liability statistical plan reporting requirements required by the commissioner.** In addition to the data items specified by the *NAIC Statistical Handbook*, these data items, specific to this medical malpractice statistical plan rule, must be reported by each medical malpractice insurer to a medical malpractice statistical agent:

(1) Claim dates:

(a) Incident month/year; and

(b) Report month/year.

(c) Closed month/year (closed claims only).

(2) Additional transaction identifiers and details. Identify the following items and their respective amounts:

(a) Paid losses segmented by amounts paid or incurred for past and future:

(i) Wage loss;

(ii) Medical expenses; and

(iii) All other losses.

(b) Paid allocated loss adjustment expenses segmented by amounts paid for:

(i) Defense counsel;

(ii) Expert witness; and

(iii) All other allocated loss adjustment expenses.

(c) Outstanding losses segmented by amounts paid or incurred for past and future:

(i) Wage loss;

(ii) Medical expenses; and

(iii) All other losses.

(d) Outstanding allocated loss adjustment expense segmented by amounts paid or incurred for:

(i) Defense counsel;

(ii) Expert witness; and

(iii) All other allocated loss adjustment expenses.

(3) Policy limit per incident.

(4) Deductible or retention.

(5) Medical outcome classifications (use only one code):

(a) Emotional only: Fright, no physical damage.

(b) Temporary: Slight - lacerations, contusions, minor scars, rash. No delay.

(c) Temporary: Minor - infections, mis-set fracture, fall in hospital. Recovery delayed.

- (d) Temporary: Major - burns, surgical material left, drug side effect, brain damage. Recovery delayed.
- (e) Permanent: Minor - loss of fingers, loss or damage to organs. Includes nondisabling injuries.
- (f) Permanent: Significant - deafness, loss of limb, loss of eye, loss of one kidney or lung.
- (g) Permanent: Major - paraplegia, blindness, loss of two limbs, brain damage.
- (h) Permanent: Grave - quadriplegia, severe brain damage, life-long care or fatal prognosis.
- (i) Permanent: Death.
- (6) Act or omission classification, as follows:
  - (a) Diagnosis related;
  - (b) Anesthesia related;
  - (c) Surgery related;
  - (d) Medication related;
  - (e) Intravenous and/or blood products related;
  - (f) Obstetrics related;
  - (g) Treatment related;
  - (h) Monitoring related;
  - (i) Biomedical equipment and/or product related;
  - (j) Behavioral health related; or
  - (k) All other.
- (7) Territory indicator for the county of the principal location in which the incident of alleged medical malpractice occurred.

[Statutory Authority: RCW 48.02.060, 48.19.370. WSR 06-13-035 (Matter No. R 2005-02), § 284-24C-050, filed 6/15/06, effective 7/16/06.]

**WAC 284-24C-060 Effective dates.** (1) Medical malpractice insurers must:

- (a) Comply with chapter 284-24B WAC, affiliate with a designated medical malpractice statistical agent by January 1, 2007, and promptly begin reporting data required under WAC 284-24C-040; and
  - (b) Begin reporting statistical data specified under WAC 284-24C-050 for claims opened on or after January 1, 2007, to a designated medical malpractice statistical agent in calendar year 2009 in accordance with the medical malpractice statistical agent's filed statistical plan.
- (2) Medical malpractice statistical agents must begin reporting statistical data under these rules to the commissioner by September 30, 2009.

[Statutory Authority: RCW 48.02.060, 48.19.370. WSR 06-13-035 (Matter No. R 2005-02), § 284-24C-060, filed 6/15/06, effective 7/16/06.]