

2023 MEDICAL PROFESSIONAL LIABILITY CLAIMS STUDY



ILLINOIS DEPARTMENT OF INSURANCE

January 2023

JB Pritzker
Governor

Dana Popish Severinghaus
Director



Illinois Department of Insurance

JB PRITZKER
Governor

DANA POPISH SEVERINGHAUS
Director

January 6, 2023

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: 2023 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
Director

Table of Contents

Introduction.....	1
Limitations	2
Indemnity Payment	4
Defense Counsel Payment.....	6
Adjusting and Other Expenses (AOE).....	8
Indemnity Payment by Size of Loss.....	10
Travel Time	12
Indemnity, Defense Counsel and AOE by Travel Time	13
Indemnity, Defense Counsel and AOE by Severity of Injury	14
Indemnity, Defense Counsel and AOE by Age of Injured Party	16
Indemnity, Defense Counsel and AOE by Gender of Injured Party.....	17
Indemnity, Defense Counsel and AOE by Specialty Code.....	18
Indemnity, Defense Counsel and AOE by Region	20
Appendix A – Reporting Instructions.....	21
Appendix B – Medical Provider Specialty Definitions	31
Appendix C – Illinois County Map	34

Introduction

To assist the Director of Insurance in monitoring the long-tailed and volatile line of medical professional liability (MPL) 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, 2015, and December 31, 2020. 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, having outliers is 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 the current report cannot be compared to previous reports – 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 are not 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/chiropractors, 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

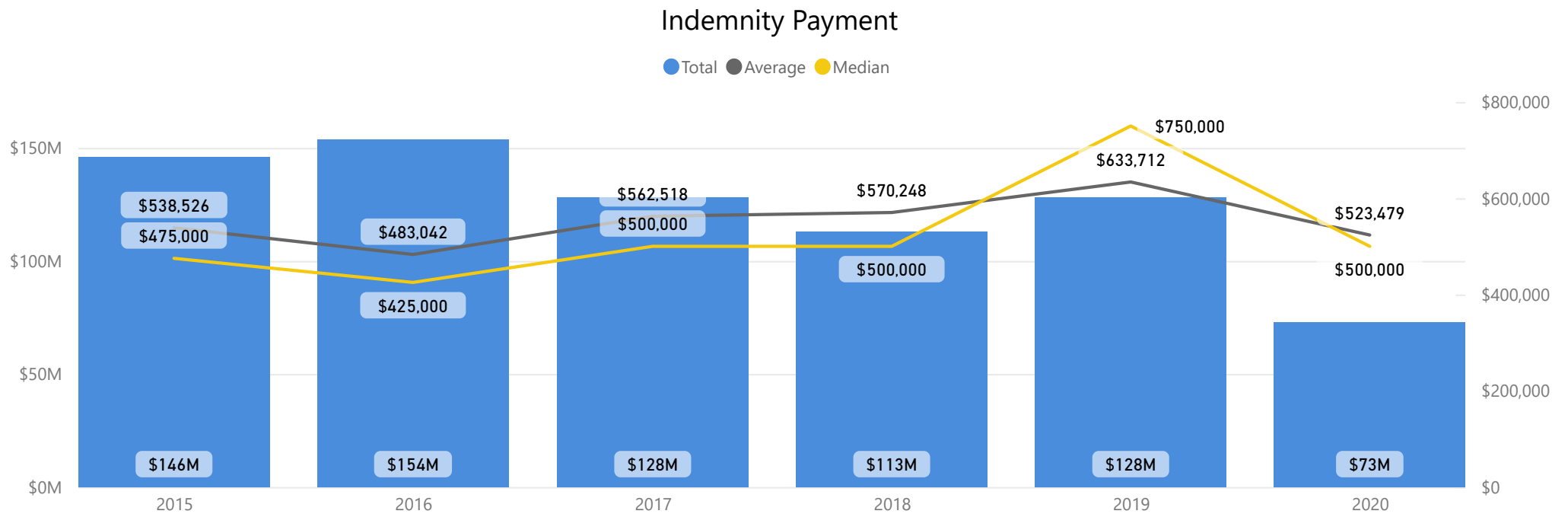
certain claim data reported and must rely solely on the accuracy of the reporting insurer. In addition, some sections within the study may have individual claims omitted if presentation would allow identification of a specific claim, i.e., only one claim is in a particular category.

- 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 2015 to 2020 in Chicago-Naperville-Elgin, IL-IN-WI area was 1.28%. 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, 2020 are provided for the respective regions. Further information on population can be found at <https://factfinder.census.gov>.

Indemnity Payment

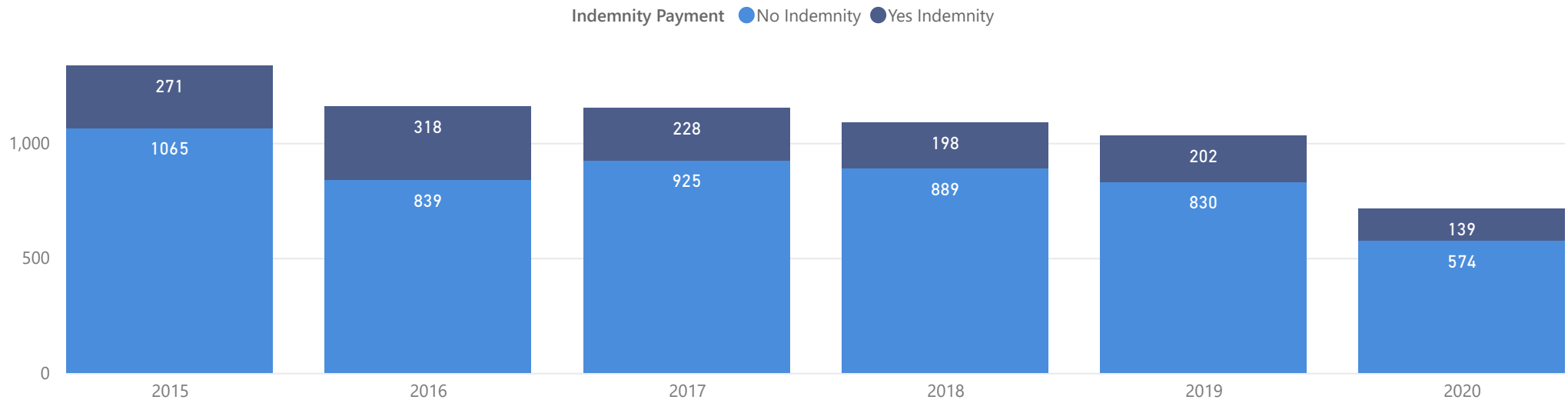
Year	Total Number of Closed Claims	Number of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Average Indemnity of Paid Claims	Median Indemnity of Paid Claims	Year
2015	1336	271	20.3%	\$145,940,590	\$538,526	\$475,000	2015
2016	1157	318	27.5%	\$153,607,357	\$483,042	\$425,000	2016
2017	1153	228	19.8%	\$128,254,029	\$562,518	\$500,000	2017
2018	1087	198	18.2%	\$112,909,132	\$570,248	\$500,000	2018
2019	1032	202	19.6%	\$128,009,827	\$633,712	\$750,000	2019
2020	713	139	19.5%	\$72,763,599	\$523,479	\$500,000	2020
Total	6478	1356	20.9%	\$741,484,534	\$546,818	\$500,000	

The total number of closed claims has decreased each year from 2015 through 2020. 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.

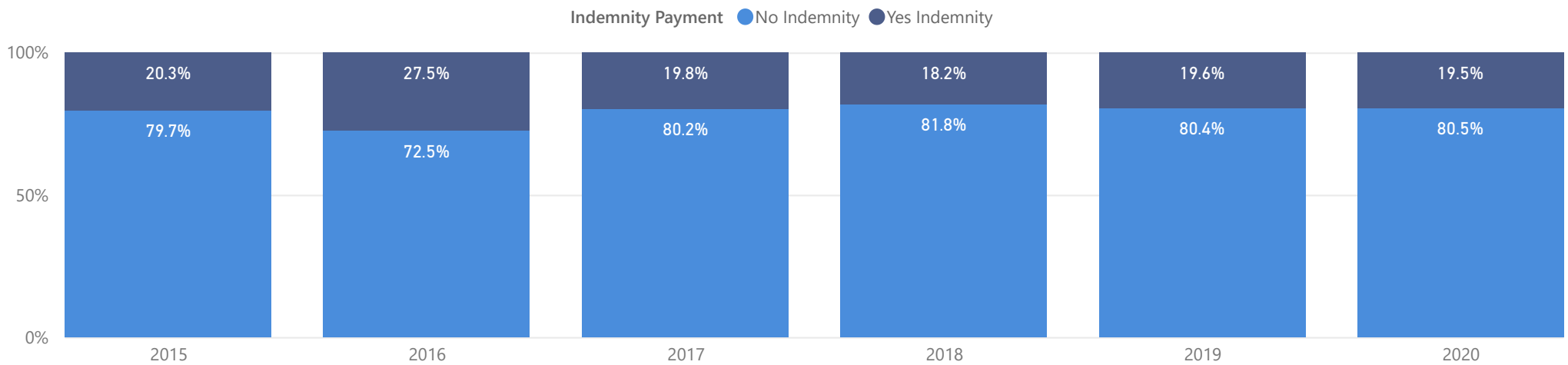


The median indemnity of paid claims is lower than the average for all years except for 2019. When the median is lower than the average, a relatively small number of large paid claims raise the average above the typical payment. The median is not affected by large variability which tends to distort an average.

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
2015	1041	\$69,863,617	\$67,112	\$47,209
2016	930	\$67,318,580	\$72,386	\$47,449
2017	921	\$43,685,524	\$47,433	\$21,281
2018	899	\$43,064,629	\$47,903	\$17,691
2019	892	\$41,304,294	\$46,305	\$13,472
2020	620	\$26,006,809	\$41,946	\$15,974
Total	5303	\$291,243,453	\$54,921	\$27,562

Defense Counsel Payments Only

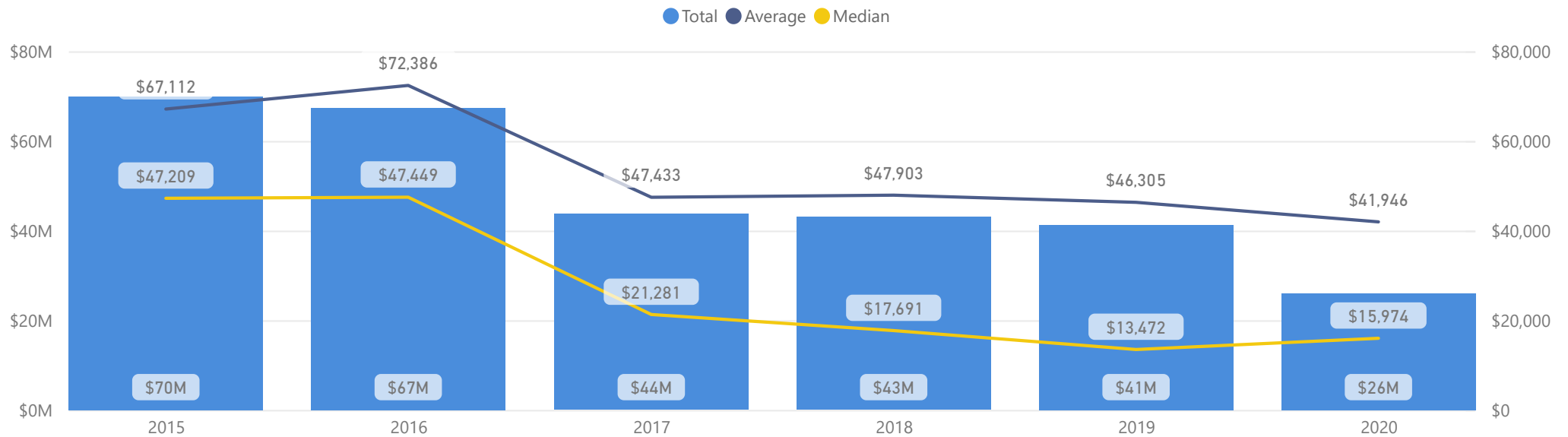
Year	No. of Claims	Total	Average	Median
2015	783	\$42,876,450	\$54,759	\$37,739
2016	646	\$37,850,148	\$58,592	\$31,281
2017	714	\$26,530,982	\$37,158	\$11,075
2018	713	\$26,755,319	\$37,525	\$9,907
2019	706	\$24,627,793	\$34,884	\$9,188
2020	486	\$15,768,343	\$32,445	\$11,508
Total	4048	\$174,409,034	\$43,085	\$17,942

Indemnity & Defense Counsel Payments

Year	No. of Claims	Total	Average	Median
2015	258	\$26,987,167	\$104,601	\$82,553
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	186	\$16,676,501	\$89,659	\$61,183
2020	134	\$10,238,465	\$76,406	\$55,306
Total	1255	\$116,834,419	\$93,095	\$70,262

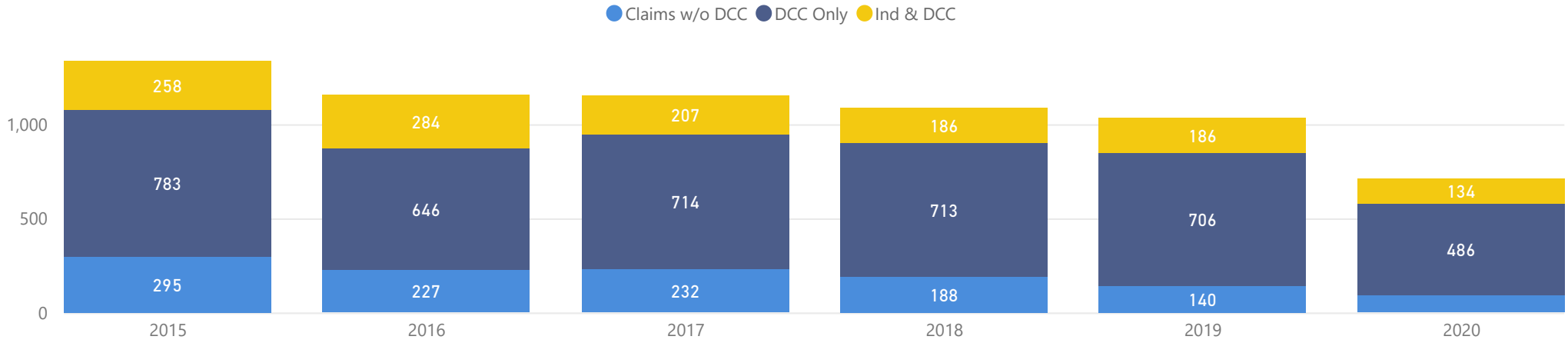
A large portion of defense counsel payments are for claims with no indemnity, but defense counsel payments only. However, average and median defense counsel payments for claims with no indemnity payment are lower compared to claims with indemnity payments.

Total Payment to Defense Counsel

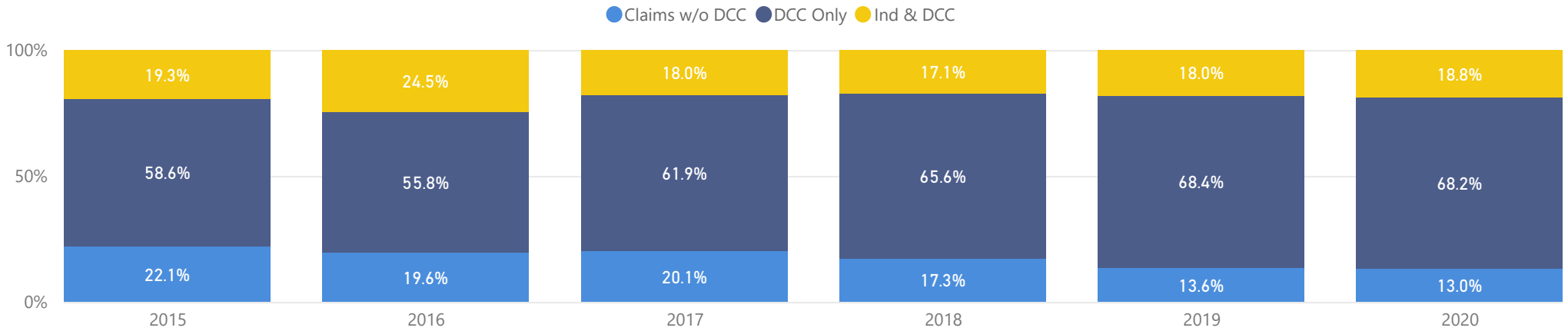


The median and average total defense counsel payments have a steep decline in 2017, then remain fairly consistent through 2020. The total defense counsel payment has a stepped pattern with large decreases in both 2017 and 2020. The median defense counsel payment is lower than the average for all years.

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 steadily increased from 2016 through 2019 with little change in 2020, while the count of claims with defense counsel only payments has been very steady (ranging from 706 to 714) over the 2017 through 2019 timeframe, before decreasing in 2020.

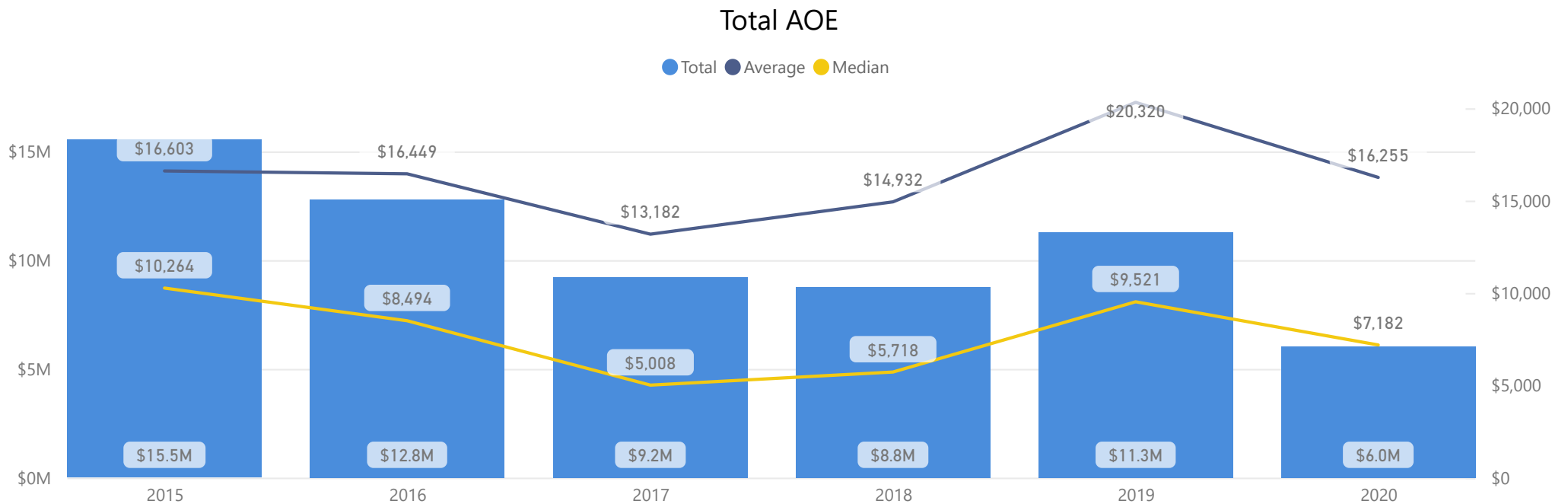
Adjusting and Other Expenses (AOE)

Total AOE				
Year	No. of Claims	Total	Average	Median
2015	936	\$15,540,781	\$16,603	\$10,264
2016	777	\$12,780,942	\$16,449	\$8,494
2017	699	\$9,213,975	\$13,182	\$5,008
2018	587	\$8,765,198	\$14,932	\$5,718
2019	555	\$11,277,624	\$20,320	\$9,521
2020	371	\$6,030,462	\$16,255	\$7,182
Total	3925	\$63,608,982	\$16,206	\$7,801

AOE Only				
Year	No. of Claims	Total	Average	Median
2015	701	\$9,749,326	\$13,908	\$7,483
2016	520	\$6,867,023	\$13,206	\$6,553
2017	533	\$5,355,298	\$10,047	\$3,391
2018	448	\$5,246,639	\$11,711	\$3,735
2019	409	\$6,063,011	\$14,824	\$5,570
2020	289	\$4,016,529	\$13,898	\$5,942
Total	2900	\$37,297,826	\$12,861	\$5,332

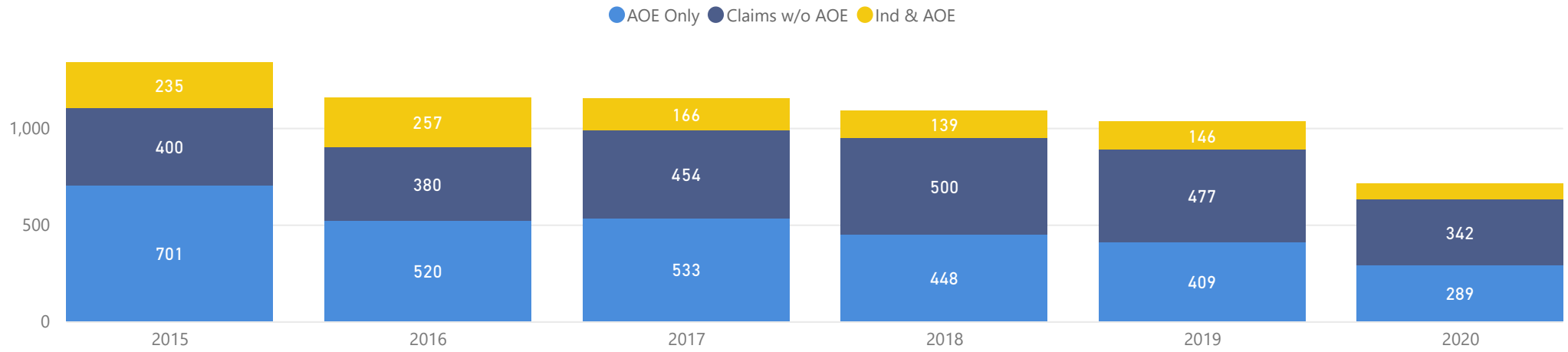
Indemnity and AOE				
Year	No. of Claims	Total	Average	Median
2015	235	\$5,791,455	\$24,644	\$18,274
2016	257	\$5,913,918	\$23,011	\$15,069
2017	166	\$3,858,677	\$23,245	\$12,183
2018	139	\$3,518,560	\$25,313	\$16,889
2019	146	\$5,214,613	\$35,717	\$24,667
2020	82	\$2,013,933	\$24,560	\$15,813
Total	1025	\$26,311,157	\$25,669	\$17,283

Sixty-one percent (61%) of all closed claims from 2015 through 2020 have had AOE payments. The number of claims with AOE payments has shown a decreasing trend from 2015 through 2020. 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.

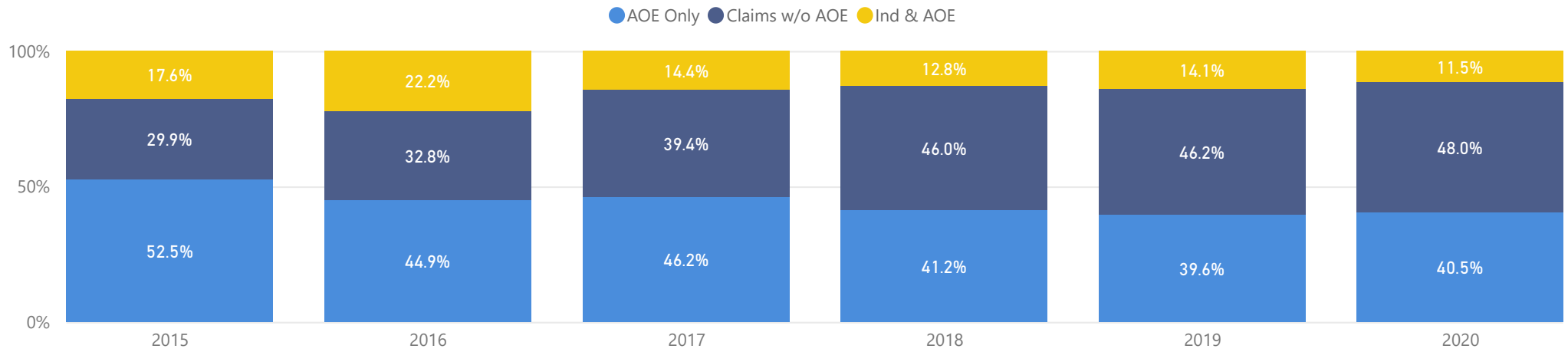


The median AOE payment is lower than the average for each of the years studied. From 2015 through 2020, average AOE payments ranged from \$13,000 to \$20,500, while median AOE payments ranged from \$5,000 to \$10,500.

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 have not shown a particular trend between 2015 and 2020. The number and percentage of claims with only AOE payments show a generally decreasing pattern from 2017–2020.

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
2015	\$1-\$99,999	36	13.28%	\$1,350,720	0.93%	\$37,520	\$31,250
2015	\$100,000-\$399,999	83	30.63%	\$20,755,357	14.22%	\$250,065	\$250,000
2015	\$400,000-\$699,999	52	19.19%	\$26,907,013	18.44%	\$517,443	\$500,000
2015	\$700,000-\$999,999	43	15.87%	\$34,277,500	23.49%	\$797,151	\$750,000
2015	>\$1,000,000	57	21.03%	\$62,650,000	42.93%	\$1,099,123	\$1,000,000
Total		271	100.00%	\$145,940,590	100.00%	\$538,526	\$475,000

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
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	28	13.86%	\$800,279	0.63%	\$28,581	\$18,225
2019	\$100,000-\$399,999	47	23.27%	\$9,802,817	7.66%	\$208,571	\$200,000
2019	\$400,000-\$699,999	23	11.39%	\$11,125,000	8.69%	\$483,696	\$500,000
2019	\$700,000-\$999,999	42	20.79%	\$35,944,198	28.08%	\$855,814	\$860,000
2019	>\$1,000,000	62	30.69%	\$70,337,533	54.95%	\$1,134,476	\$1,000,000
Total		202	100.00%	\$128,009,827	100.00%	\$633,712	\$750,000

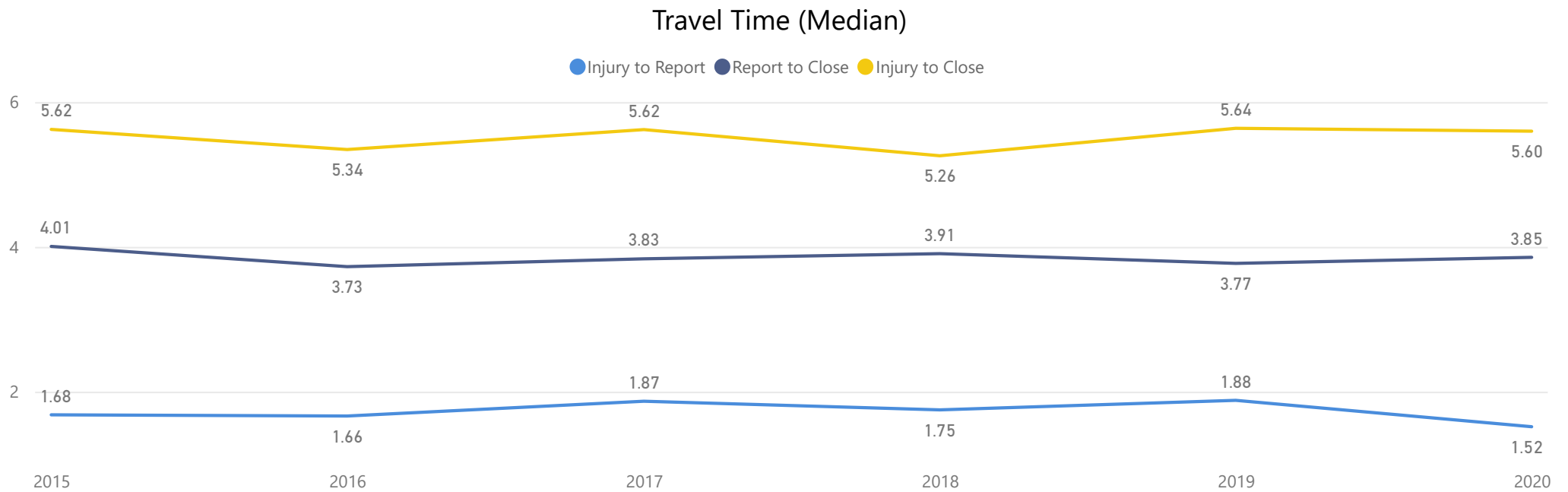
Year	Indemnity Range	No. of Claims with Indemnity Payment	Percent of Claims with Indemnity Payment	Total Indemnity Payment	Percent of Total Indemnity Payment	Average Indemnity Payment	Median Indemnity Payment
2020	\$1-\$99,999	34	24.46%	\$1,309,150	1.80%	\$38,504	\$26,500
2020	\$100,000-\$399,999	26	18.71%	\$5,747,500	7.90%	\$221,058	\$225,000
2020	\$400,000-\$699,999	21	15.11%	\$10,930,449	15.02%	\$520,498	\$500,000
2020	\$700,000-\$999,999	25	17.99%	\$20,576,500	28.28%	\$823,060	\$750,000
2020	>\$1,000,000	33	23.74%	\$34,200,000	47.00%	\$1,036,364	\$1,000,000
Total		139	100.00%	\$72,763,599	100.00%	\$523,479	\$500,000

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
2015	271	1.64	1.68	4.41	4.01	6.05	5.62
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	202	1.85	1.88	4.28	3.77	6.13	5.64
2020	139	1.83	1.52	4.13	3.85	5.95	5.60
Total	1356	1.76	1.76	4.22	3.84	5.98	5.48

Time is calculated in years.

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



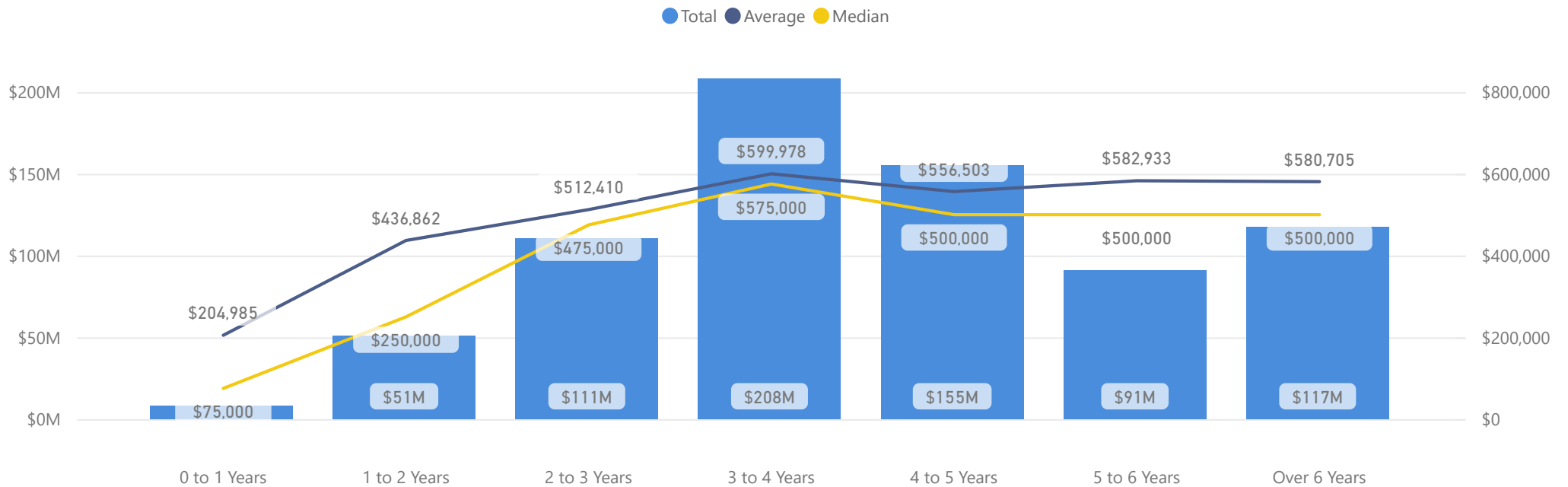
Since travel time has stayed consistent over the years for both the median and average, only the median is displayed in the graph above. The median time from injury to close date is approximately four to ten months shorter than what appears for the average.

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	1339	0 to 1 Years	39	\$7,994,403	\$204,985	\$75,000	0 to 1 Years	872	\$3,926,004	\$4,502	\$2,411	0 to 1 Years	439	\$416,794	\$949	\$237
1 to 2 Years	1083	1 to 2 Years	117	\$51,112,839	\$436,862	\$250,000	1 to 2 Years	788	\$13,953,293	\$17,707	\$10,299	1 to 2 Years	531	\$2,299,404	\$4,330	\$2,142
2 to 3 Years	1102	2 to 3 Years	216	\$110,680,534	\$512,410	\$475,000	2 to 3 Years	914	\$33,677,068	\$36,846	\$24,307	2 to 3 Years	667	\$6,833,425	\$10,245	\$5,544
3 to 4 Years	1126	3 to 4 Years	347	\$208,192,468	\$599,978	\$575,000	3 to 4 Years	1020	\$63,072,407	\$61,836	\$47,175	3 to 4 Years	798	\$13,338,263	\$16,715	\$10,735
4 to 5 Years	760	4 to 5 Years	279	\$155,264,267	\$556,503	\$500,000	4 to 5 Years	694	\$56,080,405	\$80,807	\$62,995	4 to 5 Years	579	\$12,197,692	\$21,067	\$14,102
5 to 6 Years	427	5 to 6 Years	156	\$90,937,534	\$582,933	\$500,000	5 to 6 Years	397	\$43,881,400	\$110,532	\$84,594	5 to 6 Years	342	\$9,136,720	\$26,716	\$20,149
Over 6 Years	641	Over 6 Years	202	\$117,302,488	\$580,705	\$500,000	Over 6 Years	618	\$76,652,876	\$124,034	\$97,754	Over 6 Years	569	\$19,386,683	\$34,071	\$24,519
Total	6478	Total	1356	\$741,484,534	\$546,818	\$500,000	Total	5303	\$291,243,453	\$54,921	\$27,562	Total	3925	\$63,608,982	\$16,206	\$7,801

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 three to four year mark and then remain fairly steady for the longer time frames. The peak severity occurs in the three to four year time frame.

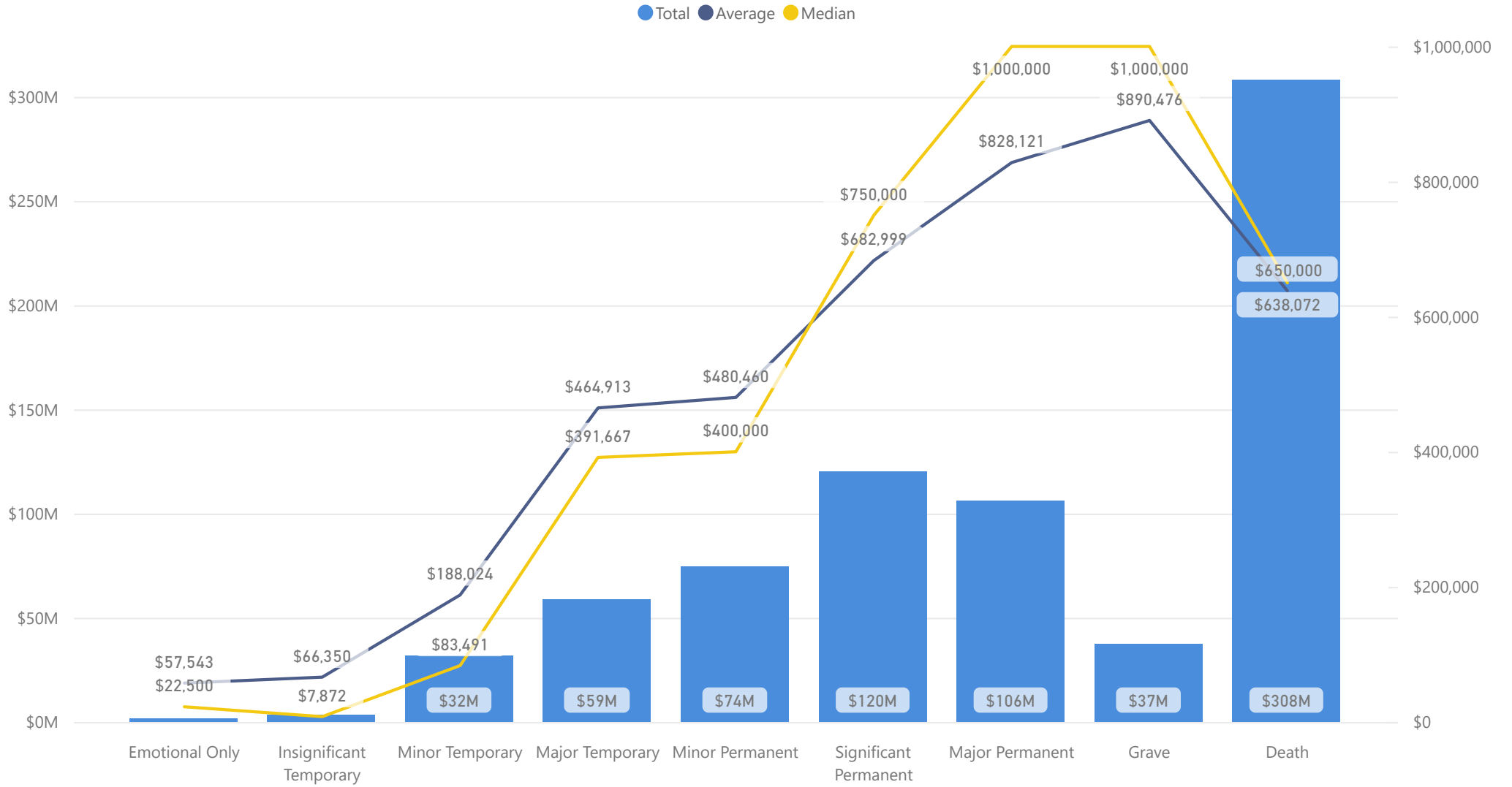
Indemnity, Defense Counsel and AOE by Severity of Injury

Total			Indemnity Payment					
Severity	No. of Claims	Percent of Claims	Severity	No. of Claims	Percent of Claims	Total	Average	Median
Emotional Only	252	3.89%	Emotional Only	28	2.06%	\$1,611,207	\$57,543	\$22,500
Insignificant Temporary	445	6.87%	Insignificant Temporary	49	3.61%	\$3,251,156	\$66,350	\$7,872
Minor Temporary	1201	18.54%	Minor Temporary	169	12.46%	\$31,776,096	\$188,024	\$83,491
Major Temporary	680	10.50%	Major Temporary	126	9.29%	\$58,579,008	\$464,913	\$391,667
Minor Permanent	656	10.13%	Minor Permanent	155	11.43%	\$74,471,294	\$480,460	\$400,000
Significant Permanent	562	8.68%	Significant Permanent	176	12.98%	\$120,207,750	\$682,999	\$750,000
Major Permanent	519	8.01%	Major Permanent	128	9.44%	\$105,999,427	\$828,121	\$1,000,000
Grave	146	2.25%	Grave	42	3.10%	\$37,400,000	\$890,476	\$1,000,000
Death	2017	31.14%	Death	483	35.62%	\$308,188,597	\$638,072	\$650,000
Total	6478	100.00%	Total	1356	100.00%	\$741,484,534	\$546,818	\$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	149	2.81%	\$3,928,152	\$26,363	\$9,487	Emotional Only	61	1.55%	\$479,452	\$7,860	\$2,674
Insignificant Temporary	262	4.94%	\$5,981,942	\$22,832	\$5,076	Insignificant Temporary	73	1.86%	\$510,874	\$6,998	\$1,112
Minor Temporary	858	16.18%	\$26,197,952	\$30,534	\$8,407	Minor Temporary	437	11.13%	\$4,215,216	\$9,646	\$2,588
Major Temporary	548	10.33%	\$25,150,646	\$45,895	\$22,665	Major Temporary	422	10.75%	\$5,489,458	\$13,008	\$5,256
Minor Permanent	542	10.22%	\$29,236,417	\$53,942	\$29,789	Minor Permanent	443	11.29%	\$6,660,168	\$15,034	\$6,297
Significant Permanent	493	9.30%	\$34,283,035	\$69,540	\$43,298	Significant Permanent	395	10.06%	\$8,663,979	\$21,934	\$12,524
Major Permanent	470	8.86%	\$28,819,428	\$61,318	\$35,675	Major Permanent	414	10.55%	\$7,463,611	\$18,028	\$8,699
Grave	137	2.58%	\$12,547,688	\$91,589	\$69,795	Grave	120	3.06%	\$2,803,043	\$23,359	\$11,666
Death	1844	34.77%	\$125,098,193	\$67,841	\$43,941	Death	1560	39.75%	\$27,323,181	\$17,515	\$9,998
Total	5303	100.00%	\$291,243,453	\$54,921	\$27,562	Total	3925	100.00%	\$63,608,982	\$16,206	\$7,801

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

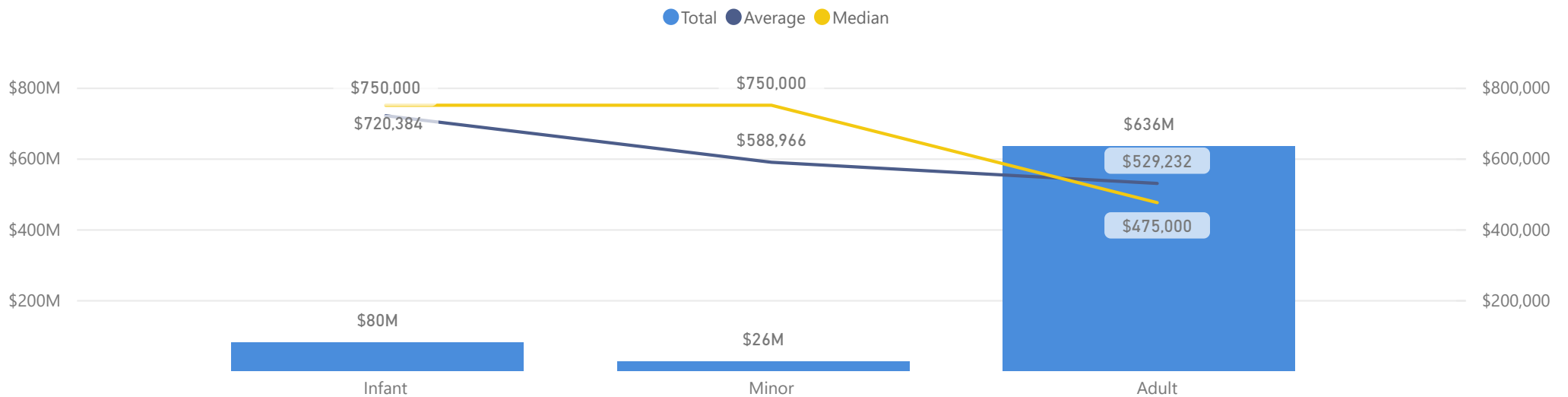
Minor – Ages 4 through 17

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	454	Infant	111	\$79,962,597	\$720,384	\$750,000	Infant	383	\$26,996,945	\$70,488	\$46,132	Infant	311	\$6,868,978	\$22,087	\$10,813
Minor	134	Minor	44	\$25,914,500	\$588,966	\$750,000	Minor	119	\$7,502,354	\$63,045	\$34,953	Minor	88	\$1,935,890	\$21,999	\$12,638
Adult	5889	Adult	1201	\$635,607,437	\$529,232	\$475,000	Adult	4801	\$256,744,154	\$53,477	\$27,050	Adult	3526	\$54,804,114	\$15,543	\$7,474
Total	6477	Total	1356	\$741,484,534	\$546,818	\$500,000	Total	5303	\$291,243,453	\$54,921	\$27,562	Total	3925	\$63,608,982	\$16,206	\$7,801

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 is shared between the Infant and Minor groupings, and AOE is highest for the Minor grouping.

Indemnity Payment by Age



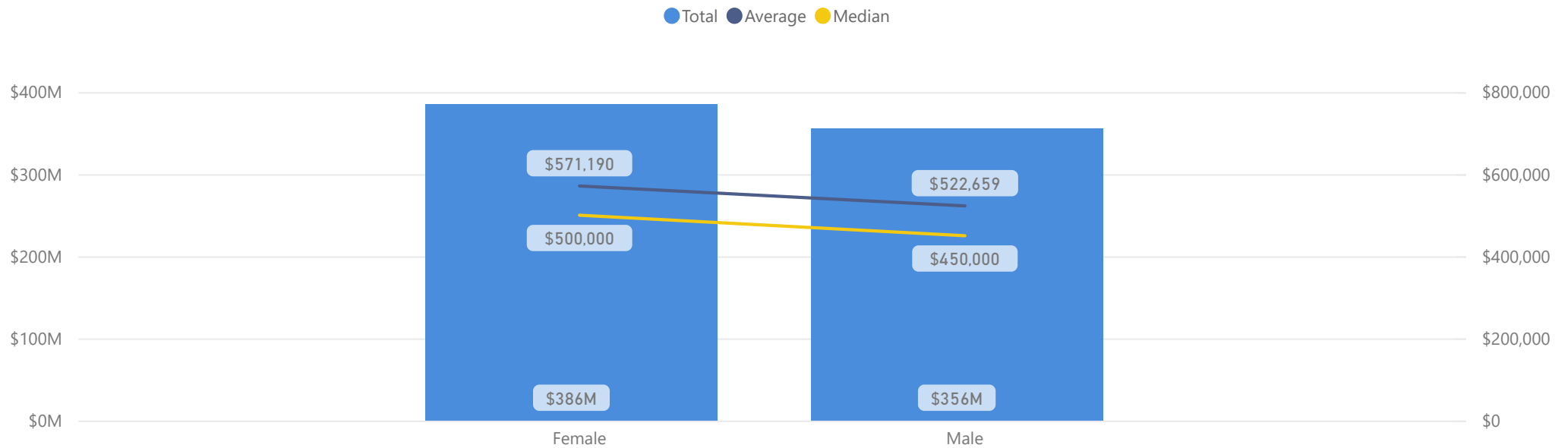
While the average indemnity payment is higher than the median for the Adult grouping, the median is greater than the average for both the Infant and Minor groupings.

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	3030	Female	675	\$385,553,417	\$571,190	\$500,000	Female	2593	\$152,787,624	\$58,923	\$32,422	Female	2127	\$33,620,248	\$15,806	\$7,540
Male	3448	Male	681	\$355,931,116	\$522,659	\$450,000	Male	2710	\$138,455,829	\$51,091	\$23,769	Male	1798	\$29,988,734	\$16,679	\$8,125
Total	6478	Total	1356	\$741,484,534	\$546,818	\$500,000	Total	5303	\$291,243,453	\$54,921	\$27,562	Total	3925	\$63,608,982	\$16,206	\$7,801

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 and average indemnity payment is higher for Females than Males.

Indemnity, Defense Counsel and AOE by Specialty Code

Total		
NPDB Code Description	Count	Percentage
Anesthesiology	271	4.18%
Cardiovascular diseases	220	3.40%
Emergency medicine	376	5.80%
General surgery	629	9.71%
General/Family Practice	857	13.23%
Internal Medicine	819	12.64%
Obstetrics & Gynecology	508	7.84%
Orthopedic surgery	483	7.46%
Other	1997	30.83%
Radiology	318	4.91%
Total	6478	100.00%

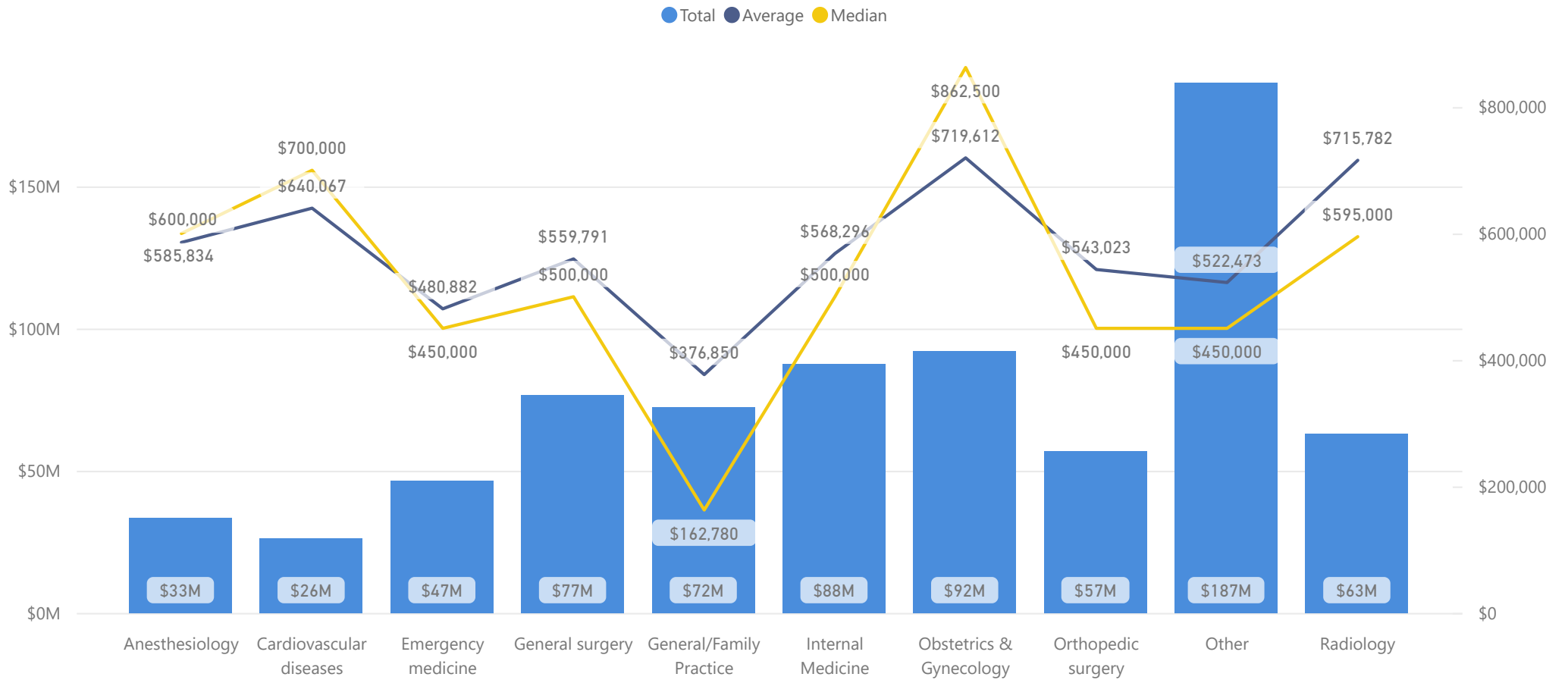
Indemnity Payment				
NPDB Code Description	Count	Total	Average	Median
Anesthesiology	57	\$33,392,564	\$585,834	\$600,000
Cardiovascular diseases	41	\$26,242,761	\$640,067	\$700,000
Emergency medicine	97	\$46,645,586	\$480,882	\$450,000
General surgery	137	\$76,691,390	\$559,791	\$500,000
General/Family Practice	192	\$72,355,257	\$376,850	\$162,780
Internal Medicine	154	\$87,517,642	\$568,296	\$500,000
Obstetrics & Gynecology	128	\$92,110,347	\$719,612	\$862,500
Orthopedic surgery	105	\$57,017,382	\$543,023	\$450,000
Other	357	\$186,522,757	\$522,473	\$450,000
Radiology	88	\$62,988,848	\$715,782	\$595,000
Total	1356	\$741,484,534	\$546,818	\$500,000

Defense Counsel Payment				
NPDB Code Description	Count	Total	Average	Median
Anesthesiology	232	\$13,695,226	\$59,031	\$35,621
Cardiovascular diseases	191	\$11,917,769	\$62,397	\$39,586
Emergency medicine	314	\$22,258,377	\$70,887	\$43,241
General surgery	532	\$30,022,453	\$56,433	\$29,408
General/Family Practice	530	\$28,615,029	\$53,991	\$30,074
Internal Medicine	715	\$38,489,512	\$53,831	\$33,158
Obstetrics & Gynecology	442	\$30,170,671	\$68,259	\$44,088
Orthopedic surgery	411	\$20,620,448	\$50,171	\$23,201
Other	1648	\$82,190,776	\$49,873	\$19,274
Radiology	288	\$13,263,193	\$46,053	\$21,807
Total	5303	\$291,243,453	\$54,921	\$27,562

AOE Payment				
NPDB Code Description	Count	Total	Average	Median
Anesthesiology	201	\$3,645,540	\$18,137	\$9,164
Cardiovascular diseases	164	\$2,797,899	\$17,060	\$9,271
Emergency medicine	248	\$4,678,249	\$18,864	\$9,795
General surgery	418	\$6,229,336	\$14,903	\$7,622
General/Family Practice	334	\$5,370,412	\$16,079	\$8,237
Internal Medicine	543	\$7,757,926	\$14,287	\$7,487
Obstetrics & Gynecology	390	\$7,371,973	\$18,902	\$9,562
Orthopedic surgery	315	\$4,822,917	\$15,311	\$6,428
Other	1081	\$18,445,549	\$17,063	\$7,556
Radiology	231	\$2,489,180	\$10,776	\$4,559
Total	3925	\$63,608,982	\$16,206	\$7,801

General Surgery, General/Family Practice, and Internal Medicine account for 36% of claims with indemnity payment, 34% of claims with defense counsel payment and 33% of claims with AOE payment.

Indemnity Payment by Specialty Code



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

Indemnity, Defense Counsel and AOE by Region

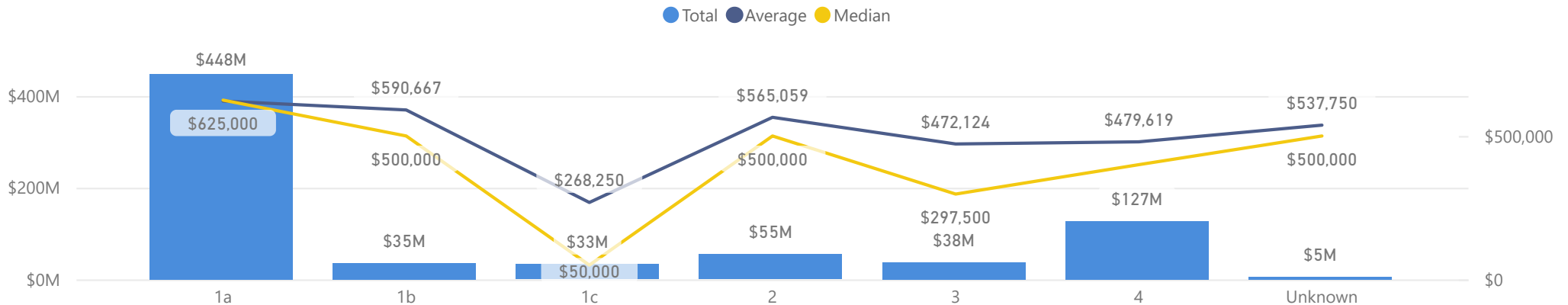
Region	Rating Counties	2020 Estimated Population
Region 1a:	Cook	5,262,741
Region 1b:	Madison and St. Clair	522,287
Region 1c:	McHenry and Will	1,005,673
Region 2:	DuPage, Kane and Lake	2,160,525
Region 3:	Champaign, Jackson, Macon, Sangamon and Vermilion	631,907
Region 4:	Remainder of State	3,202,112
Unknown:	Out of State/Unknown	Unknown

Source: Annual Estimates of the Resident Population: April 1, 2020 to July 1, 2020; U.S. Census Bureau, Population Division; Release date: March 2022

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	3146	1a	721	\$448,204,109	\$621,642	\$625,000	1a	2757	\$171,159,567	\$62,082	\$37,510	1a	2289	\$35,884,932	\$15,677	\$8,114
1b	229	1b	60	\$35,440,000	\$590,667	\$500,000	1b	189	\$11,756,632	\$62,204	\$37,979	1b	162	\$2,930,845	\$18,092	\$9,720
1c	573	1c	124	\$33,262,965	\$268,250	\$50,000	1c	434	\$19,224,653	\$44,296	\$21,577	1c	212	\$3,039,858	\$14,339	\$5,471
2	537	2	97	\$54,810,734	\$565,059	\$500,000	2	442	\$23,599,135	\$53,392	\$25,558	2	355	\$5,872,528	\$16,542	\$7,080
3	322	3	80	\$37,769,936	\$472,124	\$297,500	3	250	\$13,094,762	\$52,379	\$25,011	3	188	\$3,027,738	\$16,105	\$7,318
4	1609	4	264	\$126,619,289	\$479,619	\$400,000	4	1178	\$49,904,460	\$42,364	\$12,991	4	677	\$12,468,768	\$18,418	\$8,496
Unknown	62	Unknown	10	\$5,377,500	\$537,750	\$500,000	Unknown	53	\$2,504,244	\$47,250	\$11,841	Unknown	42	\$384,313	\$9,150	\$883
Total	6478	Total	1356	\$741,484,534	\$546,818	\$500,000	Total	5303	\$291,243,453	\$54,921	\$27,562	Total	3925	\$63,608,982	\$16,206	\$7,801

Regions 1a and 2 account for 60% of the claims with indemnity payment, 60% of the claims with defense counsel payment, and 67% of the claims with AOE payment. These same regions account for 68%, 67%, and 66% of the total indemnity payments, total defense counsel payments, and total AOE payments, respectively. These two regions are composed of four of the five largest counties in Illinois.

Indemnity Payment by Region



Regions 1a, 1b, and 2 have higher median and average indemnity payments than the other regions in Illinois.

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	
Family Physicians or General Practitioners - no surgery	
Family Physicians or General Practitioners - no surgery (DO)	General/Family Practice
General/Family Practice	
Surgery - general practice or family practice	
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	
Surgery - orthopedic (DO)	
Allergy and Immunology	Other
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

