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**2014 ANNUAL REPORT ON LOSS-PREVENTION AND CONTROL
PROGRAMS OF MEDICAL PROFESSIONAL LIABILITY INSURERS
PURSUANT TO NRS 690B.370**

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BACKGROUND

Section 690B.370 of the Nevada Revised Statutes mandates the Commissioner of Insurance to produce an annual report on loss-prevention and control programs for medical professional liability insurance. This is the eleventh such annual report. Each authorized insurer that issued a policy of professional liability insurance to a medical doctor (MD) or to a doctor of osteopathic medicine (DO) is required to complete a survey addressing loss-prevention and control programs and submit it to the Commissioner. The survey was sent to all insurers that reported Nevada medical professional liability physician premium on Supplement A to Schedule T of the annual financial statement. The Appendix of this report contains the questions that were sent.

NRS 690B.330 requires authorized medical professional liability insurers to offer qualified risk-management systems. Medical practitioners that implement such programs are eligible for a premium discount. The purpose of this report is to measure the impact of the legislation on program availability and participation.

INTRODUCTION

Twenty surveys were distributed. This figure includes one survey to each company that reported Nevada direct written physician medical professional liability premium to the National Association of Insurance Commissioners (NAIC) for calendar year 2014 and that is either an authorized insurer or a Nevada-domiciled risk-retention group (RRG). One non-Nevada-domiciled RRG was also surveyed and cooperated voluntarily. Pursuant to the federal Liability Risk Retention Act of 1986, Nevada does not have the regulatory authority to require such non-Nevada-domiciled RRGs to fill out this survey. Since NRS 690B.330, the statute mandating risk-management programs, explicitly pertains to medical malpractice insurance of physicians, the 2014 survey was sent only to the physician insurers.

The Division received a total of 20 responses from the following authorized physician insurance underwriters and domestic risk-retention groups, along with one non-Nevada-domiciled risk-retention group. Responses were received from all insurers and RRGs that were required by Nevada law to respond to the survey.

- ACE American Insurance Company (**Note:** ACE American Insurance Company indicated that it did not issue any individual professional liability policies to the practitioners licensed pursuant to chapter 630 or 633 of NRS.)
- AXIS Insurance Company (**Note:** AXIS Insurance Company indicated that it did not issue any individual professional liability policies to the practitioners licensed pursuant to chapter 630 or 633 of NRS.)
- California Healthcare Insurance Company, a Risk Retention Group (*Not Nevada-domiciled*)
- Capson Physicians Insurance Company
- Darwin National Assurance Company
- Fair American Insurance and Reinsurance Company

- Great Divide Insurance Company (***Note:** Great Divide Insurance Company indicated that it did not issue any individual professional liability policies to the practitioners licensed pursuant to chapter 630 or 633 of NRS.*)
- Hudson Insurance Company
- Lancet Indemnity Risk Retention Group, Inc.
- Medicus Insurance Company
- Mutual Insurance Company of Arizona
- National Union Fire Insurance Company of Pittsburgh, PA (***Note:** National Union Fire Insurance Company of Pittsburgh, PA, indicated that it did not issue any individual professional liability policies to the practitioners licensed pursuant to chapter 630 or 633 of NRS.*)
- NORCAL Mutual Insurance Company
- Nevada Docs Medical Risk Retention Group, Inc.
- Nevada Mutual Insurance Company
- Premier Physicians Insurance Company, A Risk Retention Group
- ProAssurance Casualty Company
- SCRUBS Mutual Assurance Company, Risk Retention Group
- The Doctors Company, an InterInsurance Exchange
- The Medical Protective Company

The questions and responses from the physician insurers are provided in the “Insurer Responses” section of this report. When soliciting responses, the Division agreed to keep the identity of each respondent confidential, as expressed in the survey cover page included in Appendix I of this report. To achieve this, the responding companies are identified by number rather than by name. The respondent numbers are independent from the numbers assigned in last year’s survey. The names of the responding companies and other identifying information were redacted.

SUMMARY OF QUANTITATIVE RESULTS

The exhibits in this section are based on insurers’ responses to Question 8 of the survey (see Appendix II for the question and the accompanying data template), as well as data from prior years’ reports.

Exhibit 1 below shows that the number of practitioners receiving risk-management credits has increased every year from 2007 through 2011. In 2012, this trend began to reverse, as the number of practitioners receiving risk-management credits declined from 1741.5 in 2011 to 1526 in 2012 to 1316 in 2013.¹ In 2014, this declining trend continued, as 1124 practitioners were reported as receiving risk-management credits.

The absolute number of practitioners encompassed by the survey grew between 2011 and 2012, but declined slightly thereafter. In 2011, the survey collected information about 3759.5 practitioners. The 2012 survey collected information about 4171

¹ The one-half practitioner included in the 2011 data set was a practitioner who only worked half of the time in Nevada and half of the time in another state.

practitioners. The 2013 survey collected information about 4047 practitioners. The 2014 survey collected information about 3925 practitioners – a smaller number than reported in 2012 or 2013, but still a significant net growth compared to 2011.

Recent years of the survey have been characterized by a smaller percentage of the growing number of practitioners receiving risk-management credits. It is difficult to definitively account for this observation. One consideration is that total premium subject to risk-management credits has been on a trajectory of significant decline since 2010, in spite of relatively stable rates and relatively minor fluctuations in the number of practitioners encompassed by the survey. A possible explanation is that lower premium levels tend to correspond to lower-risk specialties of medical practitioners, and the Division's prior surveys have suggested that practitioners in higher-risk specialties tend more frequently to pursue activities that would result in risk-management credits being offered by an insurer. If the mix of business written by insurers has shifted toward lower-risk specialties, it is possible that a smaller fraction of practitioners in those specialties would be pursuing risk-management credits, since their premiums may already be considerably lower than even the premiums of many higher-risk practitioners who do receive risk-management credits.

However, the overall impact of risk-management credits upon the market as a whole continues to be significant, and the savings to practitioners who do receive risk-management credits continue to be on the rise. Exhibit 1 also shows that, in absolute dollar terms, the total risk-management credits offered in Nevada reached a record high value of over \$3 million in 2013, more than twice the total credit amount for 2009. In 2014, this value of total risk-management credits offered was close to the record levels of 2013. Approximately \$2.066 million of this amount, or approximately 68.9% of the total, consists of risk-management credits offered by one Nevada-domiciled risk-retention group that insures many practitioners.

As the total dollar amount of risk-management credits has increased in 2013, so have the average savings to practitioners who receive risk-management credits. The average savings to practitioners who participate in risk-management programs have risen from 5.29% in 2009 to 7.36% in 2010 to 7.56% in 2011 to 8.61% in 2012 to 12.50% in 2013 to 14.17% in 2014. This suggests that, while the number of practitioners subject to risk-management credits has decreased, the individual practitioners who do qualify for risk-management credits tend to benefit from such credits to a greater extent than previously. When overall savings to the entire market (both participants and non-participants in risk-management programs) are considered, such savings in 2014 rose to 6.51%, compared to the 2013 overall savings of 6.04% and 2010-2012 overall savings that ranged between 4.2% and 4.4%.

Despite some decline in risk-management participation in 2014, overall participation remains at levels similar to the end of the previous decade. Moreover, participating practitioners continue to benefit significantly from risk-management credits. A high level of risk-management participation and high amounts of credits offered in Nevada indicate significant success in fulfilling the intent of NRS 690B.330.

EXHIBIT 1: Comparisons of Risk-Management Credit Utilization by Year							
Year	Premium Subject to Risk-Management Credits	% of Premium Subject to Risk-Management Credits	Total Risk-Management Credits	Number of Practitioners Receiving Risk-Management Credits	% of Practitioners Receiving Risk-Management Credits	Average % Savings to Practitioners Who Participate	Average % Savings Overall
2014	\$18,163,046.83	42.15%	\$2,998,637.71	1124	28.64%	14.17%	6.51%
2013	\$21,004,829.49	45.02%	\$3,001,298.85	1316	32.52%	12.50%	6.04%
2012	\$25,075,945.98	47.86%	\$2,363,267.16	1526	36.59%	8.61%	4.32%
2011	\$30,017,564.65	53.69%	\$2,455,504.15	1741.5	46.32%	7.56%	4.21%
2010	\$32,478,822.35	57.25%	\$2,580,832.44	1733	47.53%	7.36%	4.35%
2009	\$26,406,001.00	46.78%	\$1,476,033.00	1178	34.60%	5.29%	2.55%
2008	\$26,924,987.00	40.52%	\$1,522,878.00	1067	27.48%	5.35%	2.24%
2007	\$27,656,651.34	40.38%	\$1,483,852.81	990	28.72%	5.09%	2.12%

Exhibit 2 below summarizes, by county, the premiums pertaining to policies with and without risk-management credits. Exhibit 3 summarizes practitioners by county, with and without risk-management credits. Significant distributional changes by county have occurred since 2013 in the prevalence of risk-management credits.

The jurisdiction with the greatest percentage of practitioners receiving risk-management credits is Carson City (50.00%), followed by Clark County (30.92%), and Washoe County (22.16%). These percentages tend to be extremely volatile from year to year. For instance, the Clark County percentages of participating practitioners were 49.46% in 2010, 51.01% in 2011, 40.42% in 2012, 35.00% in 2013, and 30.92% in 2014. For Carson City, these percentages were 64.12% in 2010, 32.20% in 2011, 44.28% in 2012, 54.49% in 2013, and 50.00% in 2014. For Washoe County, these percentages were 42.73% in 2010, 40.34% in 2011, 29.76% in 2012, 27.10% in 2013, and 22.16% in 2014. Generally, the number of practitioners receiving risk-management credits increased slightly during 2014 in Douglas, Elko, and Humboldt counties and decreased or remained at zero in the other counties.

Carson City still had the majority of *premium* subject to risk-management credits in 2014 (54.42% of premium, a decrease from 60.63% of premium in 2013), while Clark County had 45.95% of 2014 premium subject to risk-management credits, down from 49.41% of premium in 2013. Average savings to practitioners participating in risk-management programs were the highest in Clark County at 15.74% savings, compared to a statewide average savings to participating practitioners of 14.17%.

EXHIBIT 2: Credits by County								
County	Premium by Presence or Absence of Risk-Management Credit			Percentage of Premium by Presence or Absence of Risk-Management Credit		Dollar Amount of Risk-Management Credit	Average % Savings to Practitioners That Participate	Average % Savings Overall
	Credit Present	Credit Absent	Grand Total	Credit Present	Credit Absent			
Carson City	\$593,815.00	\$497,399.80	\$1,091,214.80	54.42%	45.58%	\$46,216.00	7.22%	4.06%
Churchill	\$0.00	\$1,110,601.87	\$1,110,601.87	0.00%	100.00%	\$0.00	N/A	0.00%
Clark	\$14,921,845.00	\$17,552,843.26	\$32,474,688.26	45.95%	54.05%	\$2,786,711.00	15.74%	7.90%
Douglas	\$17,518.00	\$440,789.52	\$458,307.52	3.82%	96.18%	\$1,153.00	6.18%	0.25%
Elko	\$94,115.00	\$408,249.13	\$502,364.13	18.73%	81.27%	\$6,601.00	6.55%	1.30%
Humboldt	\$35,867.00	\$29,486.37	\$65,353.37	54.88%	45.12%	\$1,887.00	5.00%	2.81%
Lander	\$0.00	\$4,453.04	\$4,453.04	0.00%	100.00%	\$0.00	N/A	0.00%
Lincoln	\$0.00	\$15,494.78	\$15,494.78	0.00%	100.00%	\$0.00	N/A	0.00%
Lyon	\$0.00	\$12,053.00	\$12,053.00	0.00%	100.00%	\$0.00	N/A	0.00%
Mineral	\$0.00	\$5,673.44	\$5,673.44	0.00%	100.00%	\$0.00	N/A	0.00%
Nye	\$10,002.00	\$94,524.00	\$104,526.00	9.57%	90.43%	\$526.00	5.00%	0.50%
Pershing	\$0.00	\$4,994.00	\$4,994.00	0.00%	100.00%	\$0.00	N/A	0.00%
Storey	\$0.00	\$5,824.00	\$5,824.00	0.00%	100.00%	\$0.00	N/A	0.00%
Washoe	\$2,489,884.83	\$4,741,877.34	\$7,231,762.17	34.43%	65.57%	\$155,543.71	5.88%	2.11%
White Pine	\$0.00	\$2,473.00	\$2,473.00	0.00%	100.00%	\$0.00	N/A	0.00%
Total	\$18,163,046.83	\$24,926,736.55	\$43,089,783.38	42.15%	57.85%	\$2,998,637.71	14.17%	6.51%

EXHIBIT 3: Practitioners by County					
County	Number of Practitioners by Presence or Absence of Risk-Management Credit			Percentage of Practitioners by Presence or Absence of Risk-Management Credit	
	Credit Present	Credit Absent	Grand Total	Credit Present	Credit Absent
Carson City	82	82	164	50.00%	50.00%
Churchill	0	14	14	0.00%	100.00%
Clark	834	1863	2697	30.92%	69.08%
Douglas	1	59	60	1.67%	98.33%
Elko	4	39	43	9.30%	90.70%
Humboldt	2	6	8	25.00%	75.00%
Lander	0	4	4	0.00%	100.00%
Lincoln	0	1	1	0.00%	100.00%
Lyon	0	4	4	0.00%	100.00%
Mineral	0	3	3	0.00%	100.00%
Nye	2	23	25	8.00%	92.00%
Pershing	0	2	2	0.00%	100.00%
Storey	0	1	1	0.00%	100.00%
Washoe	199	699	898	22.16%	77.84%
White Pine	0	1	1	0.00%	100.00%
Total	1124	2801	3925	28.64%	71.36%

EXHIBIT 4: Company Summary		
Company (Randomly Assigned Number)	% of Practitioners With Risk-Management Credit	% of Practitioners Without Risk-Management Credit
4	61.37%	38.63%
5	0.00%	100.00%
7	0.00%	100.00%
9	22.83%	77.17%
10	41.25%	58.75%
12	27.78%	72.22%
13	0.00%	100.00%
14	26.32%	73.68%
15	24.55%	75.45%
16	19.59%	80.41%
17	38.08%	61.92%
18	1.52%	98.48%
20	0.00%	100.00%
TOTAL	28.98%	71.02%
<p>NOTE: Companies 1, 2, and 19 are risk-retention groups that do not offer risk-management credits. Companies 3, 6, 8, and 11 wrote no physicians' professional liability policies in Nevada in 2014.</p>		

Exhibit 4 above shows the percentage by company of practitioners with and without risk-management credits. As in previous years of the survey, a wide range exists – from no participation in some companies (which may be RRGs or may simply insure a minuscule volume of business in Nevada) to majority participation in others.

SUMMARY OF QUALITATIVE RESULTS

Prior to the legislation requiring physician professional liability insurers to offer risk-management programs, only about half of the authorized insurers offered risk-management programs, and only one offered risk-management credits. Each of the admitted carriers now offers risk-management programs for credit as required by NRS 690B.330. The risk-management programs range from Internet-based training to seminars. Many of the programs qualify for continuing medical education (CME) credit. The discussion in this section is derived from the insurer responses to the qualitative questions in the survey (Questions 2-7 and 9-10). The full compilation of qualitative insurer responses can be found in Appendix III.

From the responses to Question 2, it could be discerned that in 2014, 6 companies offered new self-study courses in risk management or risk-management self-assessments, 4 companies offered new seminars, and 2 companies offered new clinical audits and site

assessments. Other risk-management offerings include support by telephone and e-mail to practitioners who inquire about risk-management issues, free newsletters that educate practitioners about risk management, as well as risk-management information, online courses, and webinars available via the insurer's website. One insurer mentioned offering data reports pertaining to claim outcomes for particular specialties of practitioners, designed to educate practitioners regarding the nature and extent of risks faced by their respective specialties. Many companies continue to take an interest in and actively offer free online education in risk management to their insureds. When evaluated alongside survey responses from prior years, these developments are incremental additions to a largely stable and abundant offering of risk-management opportunities to insured physicians. The use of technology in delivering these opportunities continues to rise, and new entrants into the Nevada market are similarly inclined to offer a broad array of risk-management opportunities, as compared to insurers that have written medical professional liability coverage in Nevada for a long time.

The responses to Question 3 indicate that risk-management programs continue to be readily available for Nevada policyholders. Most companies, including most risk-retention groups, offer some manner of risk-management program (e.g., education and loss control, online courses, newsletters, telephone and e-mail support) without charge, even if (for some of the RRGs) no risk-management credits are offered. Free risk-management programs have been predominant in previous years as well.

Based on the responses to Question 4, there has been little change in whether risk-management programs are voluntary or mandatory for each company. As in previous years, some companies continue to make risk-management participation mandatory for higher-risk practitioners only. Some companies indicated that certain risk-management programs may be required for new policyholders. Several insurers have stated that risk-management participation was not mandatory, but still expected of their policyholders. The responses to Question 5 also indicated that, for most insurers, there has been little change in the kinds of risk-management credits offered. Most risk-management credits constitute a percentage premium reduction between 5 and 10 percent, while several insurers offer higher credits as well. Some practitioners in specialties with greater claim potential may be offered higher percentages of risk-management credits as an even greater incentive to engage in practices that reduce the frequency and severity of losses. One risk-retention group offered a significantly larger amount of risk-management credits, constituting more than two-thirds of the total dollar amount of risk-management credits reported for 2014 in Nevada.

In response to Question 6, as in the surveys from 2011 through 2013, *no* insurer stated that the amount of a risk-management credit can vary based on the insured's loss experience. From this information, it is legitimate to conclude that risk-management credits in Nevada are based on the *educational and prevention activities* engaged in by the insured (e.g., participation in seminars, online courses, self-assessments, or site audits), rather than on the number and dollar amount of claims filed by that insured. There is no "experience rating" applicable to risk-management credits. As one company noted in 2013, "history proves an insured can have a loss or loss expense even though

he/she gave proper care via office and care risk management protocols.” For instance, a practitioner – particularly in a high-risk field such as obstetrics, neurosurgery, or anesthesiology – may be sued by a dissatisfied patient despite having taken stringent precautions. The insurer has a duty to defend the practitioner in such situations.

Responses to Question 7, a question regarding the percentage of participation in risk-management programs that are voluntary, varied considerably by insurers. Some insurers stated that no Nevada policyholders participated in their risk-management programs, while others experienced participation rates ranging from 19% to 75%. Several companies stated that risk-management participation percentages by their Nevada insureds exceeded participation percentages on a countrywide basis. It is important to note that the percentage of program participation may not be equal to the percentage of practitioners who receive risk-management credits, since some practitioners may participate in the program but fail to meet the criteria required for a credit to be granted. Exhibit 4 earlier in this report provides information about the percentages of practitioners, categorized by insurer, who specifically receive risk-management credits.

Question 9 asked how insurers monitor the effectiveness of their risk-management programs. In responses pertaining to 2011 through 2013, various companies indicated that they perform monitoring by requiring evaluations to be completed by insured practitioners, by performing risk-management audits (including on-site visits) of insureds, by testing practitioners’ retention of content learned in educational programs, by reviewing medical records of insured practitioners, and (in a few cases) by tracking loss-ratio and claim data. These fundamental approaches to monitoring have not changed in 2014. Some companies remarked regarding the inherent difficulty of monitoring the effectiveness of risk-management programs, due to the fact that an insured’s actual experience can be affected by a variety of factors unrelated to risk management. Still, those same insurers have also remarked that they have found the information and strategies communicated via their risk-management programs to be relevant and beneficial to their policyholders.

Question 10 asked regarding the insurers’ assessment of the impact of the risk-management programs for the time period covered by the survey. New responses were requested for this question in 2014. Companies’ perceptions varied, but many expressed a view that there was a positive impact of risk-management programs, as was the case for prior years’ survey responses. Some companies with a limited volume of business or limited risk-management participation by their insureds have stated that they do not have enough information to assess the impact of their risk-management programs. Some companies mentioned favorable trends in claim experience and the ability to resolve risk-management issues that might have led to claims in the future. Other companies have stated that risk-management programs help maintain stability of claim frequency and severity and prevent increases in these measures. Still other companies discussed the high rates of practitioner satisfaction with risk-management offerings, as evaluated through surveys conducted by the insurers, as well as less formal feedback received by practitioners who participated in both organized and self-study courses and seminars. Several companies reiterated the difficulties in isolating the impacts of risk management

as compared to other phenomena. Companies with limited risk-management participation or recent entry into the Nevada market stated that it is too early to evaluate the effects of their risk-management programs. Amid the considerable variety in responses, it remains the case that most insurers perceive the existence of actual benefits from risk management or intend for such benefits to be realized in the future.

CONCLUSION

The results of the 2014 survey continue to show that the intent of NRS 690B.330 is being aspired toward and fulfilled by many insurers in the Nevada medical professional liability market. Effective risk management is a complex, multifaceted, and ongoing endeavor. While the number of participating physicians in programs that grant risk-management credits fluctuates from year to year and has decreased since 2013, the total dollar amount of risk-management credits offered is close to a record high. Furthermore, the total savings to practitioners who participate in risk-management programs have again increased in 2014. Insurers vary in their techniques for monitoring the effectiveness of their risk-management programs, and some insurers emphasize the inherent difficulty of such monitoring and of isolating the impact of risk management in particular. However, many insurers continue to state that their programs have resulted in observable positive impacts on claim data and/or physician behavior.



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March 2, 2015

**2014 ANNUAL REPORT ON LOSS-PREVENTION AND CONTROL
PROGRAMS OF MEDICAL PROFESSIONAL LIABILITY INSURERS**

This is the eleventh annual report on loss-prevention and control programs required pursuant to NRS 690B.370 and NAC 690B.570. **Each authorized insurer and each domestic risk-retention group that issues a policy of professional liability insurance to a practitioner licensed pursuant to [chapter 630](#) or [633](#) of NRS must submit to the Commissioner an annual report on its loss-prevention and control programs.** The legislation requiring such companies to offer risk-management programs was effective July 1, 2003. This report will attempt to measure the impact of the legislation on program availability and participation.

This report is due to the Commissioner no later than May 1, 2015. The Commissioner's staff will compile and analyze the reports. The Commissioner will then submit a summary report to the Director of the Legislative Counsel Bureau for transmittal to members of the Legislature. The summary report may be posted on the Division's web site after it is provided to the Director of the Legislative Counsel Bureau. The Commissioner will make every effort to keep the identity of the particular respondent to a question confidential, but reserves the right to include detailed company responses in the summary without identifying the responding company. Because the number of responding companies will be small, it may be inferred which company authored a particular response even if the name of the company is not disclosed.

Please submit the report using SurveyMonkey, the new survey software utilized by the Division of Insurance. You can find the survey at the following Web page: <https://www.surveymonkey.com/s/5WCQ8SX>

Please contact Mr. Gennady Stolyarov II at gstolyarov@doi.nv.gov or (775) 687-0766 or Ms. Mary Strong at mstrong@doi.nv.gov or (775) 687-0763 if you have any questions regarding the report. Please also note that the company's response to Question 8 should be submitted via e-mail to Mr. Stolyarov and Ms. Strong, utilizing the Excel template that has been e-mailed to you.

APPENDIX II: TEMPLATE FOR QUANTITATIVE DATA (QUESTION 8)

Each company was asked to fill out the following template in Microsoft Excel. The text of Question 8 in SurveyMonkey read as follows:

Summarize risk-management participation and credit activity for policies in force as of December 31, 2014, in the attached spreadsheet format. Exclude any premiums rated on a per-procedure basis or any rating basis other than per-doctor. If any premiums were excluded, disclose the amount and reason for excluding in a footnote. Add additional rows to the table, if necessary.

You should have received an Excel template for responding to this question via e-mail. Please fill out this template and e-mail it to Mr. Gennady Stolyarov II at gstolyarov@doi.nv.gov and Ms. Mary Strong at mstrong@doi.nv.gov upon completion. Before submitting this survey, please confirm that you have sent such an email in the field below.

NOTE: A **new** response to this question is required for 2014, even if a 2013 response was provided.

STATE OF NEVADA					
DEPARTMENT OF BUSINESS & INDUSTRY					
DIVISION OF INSURANCE					
2014 ANNUAL REPORT ON LOSS-PREVENTION AND CONTROL PROGRAMS OF MEDICAL PROFESSIONAL LIABILITY INSURERS					
Company Name: Enter Company Name Here					
Question # 8					
Policies In Force as of December 31, 2014					
County/City	Number of Practitioners With Risk-Management Participation	Number of Practitioners Without Risk-Management Participation	Total Premium Charged for all Practitioners in the County/City With Risk-Management Participation (\$)	Total Risk-Management Credit for All Practitioners in the County/City (\$)	Total Premium Charged for all Practitioners in the County/City Without Risk-Management
Carson City					
Churchill					
Clark					
Douglas					
Elko					
Esmeralda					
Eureka					
Humboldt					
Lander					
Lincoln					
Lyon					
Mineral					
Nye					
Pershing					
Storey					
Washoe					
White Pine					
Total					

APPENDIX III: COMPILATION OF QUALITATIVE INSURER RESPONSES

Question 2: What has **changed** with respect to the risk-management activities offered by your company **since completing this survey for the year 2013?**

Please classify these activities, to the best of your ability, under any of the following categories that apply:

- I. Self-study programs and/or self-assessments
- II. Seminars
- III. Clinical audits and/or site assessments
- IV. Other (any other kind of risk management)

Please note that the above categories are intended simply for information-gathering purposes, and there is no normative expectation that each company have some manner of risk-management initiatives that fit into *each* of the four categories. You may leave your response to any one of the above categories blank if your company does not offer risk-management services of that sort.

SPECIAL INSTRUCTIONS:

If your company is new to the medical professional liability insurance market in Nevada and did not complete the 2013 survey: Please provide a comprehensive description of the risk-management activities offered by the company, utilizing the categories enumerated above.

If your company did complete the 2013 survey and nothing substantial has changed since the company’s completion of the 2013 survey, with respect to the risk-management activities offered by your company: You may respond with the following statement, for *each* category of activity: “Nothing has changed from our response to the 2013 survey.”

<u>Company ID</u>	<u>Company Response</u>
1	
<i>Self-study programs and/or self-assessments</i>	Members provided specific instructional criteria related to current risk management concerns. A focused self-assessment was required to be performed and reported to the Company related to completion of informed consents.
<i>Seminars</i>	Selective seminars were provided to members based on local need.
<i>Clinical audits and/or site assessments</i>	None performed in 2014.
<i>Others – include descriptions of types of programs</i>	Webinar provided to the members.
2	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.

3	
<i>Self-study programs and/or self-assessments</i>	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
<i>Seminars</i>	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
<i>Clinical audits and/or site assessments</i>	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
<i>Others – include descriptions of types of programs</i>	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
4	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.
5	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.
6	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.
7	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.
8	
<i>Self-study programs and/or self-assessments</i>	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
<i>Seminars</i>	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
<i>Clinical audits and/or site assessments</i>	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
<i>Others – include descriptions of types of programs</i>	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.

9	
<i>Self-study programs and/or self-assessments</i>	No Change.
<i>Seminars</i>	No Change.
<i>Clinical audits and/or site assessments</i>	Not Offered.
<i>Others – include descriptions of types of programs</i>	Not Offered.
10	
<i>Self-study programs and/or self-assessments</i>	Our online continuing medical education program is a resource for over 24 CME activities on a variety of risk management topics. CME articles offered in 2014 included the following: - January: Patient Safety Implications of Incorporating Insurance Status Into Clinical Decision-Making; - February: Patient Safety Issues in Mid-Level Professional & Physician Collaborative Relationships; - March: Why You Should Optimize Your Electronic Health Record System; - April: Medical Ethics & Professional Liability; - May: Mental & Behavioral Health Issues; - June: Pain Management & Managing the Risks of Opioid Prescribing; - - - July: Maternal Morbidity in Obstetrics; - August: Issues Associated with Lung Cancer Screening & Diagnosis; - September: Managing Care of Septic Patients; - October: Sleep Apnea & Emerging Issues in Anesthesia; - November: Emergency Medicine Issues & EMTALA Considerations; - December: Overview of Cardiology Claims.
<i>Seminars</i>	Live risk management presentations occur at regional and account specific venues. Current topics include, but are not limited to, the following – E-Communication; Strategies to Minimize Risk; Behaviors that Undermine a Culture of Safety; Pain Management & Prescribing Opioids; Electronic Health Records; Hand-Offs & Communication; Medical Ethics; Allied Health; Disclosure of Unanticipated Outcomes; Physician Stress & Burnout; Specialty-Specific, including: Radiology, Emergency Medicine, Hospitalists & Obstetrics.
<i>Clinical audits and/or site assessments</i>	The company's risk management department provides personalized risk management support to policyholders. Phone and email consultations are available free-of-charge to policyholders who contact the department. Onsite services, including risk management site assessments, are available on a case-by-case basis.
<i>Others – include descriptions of types of programs</i>	N/A
11	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.
12	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.

13	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.
14	
<i>Self-study programs and/or self-assessments</i>	Although no significant changes were made in 2014, eleven self-study programs were updated and two new self-study programs were developed. Self-study programs are accredited to provide CME/CDE.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	<p>In 2014, the following changes were made to the company's risk management offerings:</p> <ul style="list-style-type: none"> • Insureds were given the opportunity to earn CME credit through two webinar programs: <ul style="list-style-type: none"> o Keeping the Infection Out of the Injection (April 2014) - This webinar addressed injection practices in the United States, highlighted recent outbreaks, and assessed the impact of unsafe injections on patient safety and professional licensure. o When the Patient Isn't a Partner — Strategies for Managing Difficult Behavior and Noncompliance (September 2014) - This webinar addressed screening methods for accepting patients into an office practice, described factors that may contribute to problematic or noncompliant patient behaviors, reviewed techniques for managing difficult or noncompliant patients, described the essential components of behavior contracts, and reviewed the process for discharging a patient from an office practice. • [Company] introduced a new series of specialty data reports. These reports are designed to provide insureds with detailed claims data to assist them in purposefully focusing their risk management and patient safety efforts. Reports focusing on anesthesiology and family medicine were available in 2014. • [Company] introduced a new publication titled Risk Q&A. Succinct and concise, Risk Q&As are designed to offer insureds an at-a-glance reference for common risk questions, as well as resources and strategies to support additional learning and targeted solutions.
15	
<i>Self-study programs and/or self-assessments</i>	<p>Through ECRI Institute's E-learn on-line CME program we offer internet based Continuing Medical Education programs. Upon successful completion, the policyholder is eligible for CME credits granted by the ACCME through ECRI. There are a total of Eighty three (83) programs addressing the following topics: (See CME List [previously] submitted to NV DOI.)</p> <p>Six of the programs provide ethics CMEs: Commonly Encountered Ethics Dilemmas in Medicine: A Path to Resolution, Ethics Cultural Competence Part 1, Ethics Cultural Competence Part 2, Institutional Ethics Committees, The Ethical Issue of Family Presence during Procedures, Part I: Evidence and Current Practice, The Ethical Issue of Family Presence during Procedures, Part II: Best Practices. Self-Assessment Questionnaires (SAQs) are provided as well. There are thirty-four individual SAQs addressing the same areas as were reported in the 2012 survey response.</p>
<i>Seminars</i>	The company provided a regional seminar in Reno on October 9, 2014. The seminar was open to all Nevada physicians and hospital staff,

	whether the company's policyholders or not. The topic was "Electronic Health Records; Ethical and Liability Implications". The seminar was led by Edward J. Lemmons, Esq., Lemmons, Grundy and Eisenberg. This was approved for 2 hours in ethics. Six additional seminars were provided to our hospital policyholders. Topics included: "HIPAA/HiTech Act", "Employment Issues that Impact Patient Safety", "Physician Orders for Life-Sustaining Treatment in Nevada", "Consent, Informed Consent, Capacity, Refusal of Care & Minor Consent Laws in Nevada", "Documentation in Litigation", and "Medical Record Documentation".
<i>Clinical audits and/or site assessments</i>	Clinical audits and site assessments: We provide site assessments and clinical audits at the request of the policyholder.
<i>Others – include descriptions of types of programs</i>	We provide telephone and email support to clients regarding potential liability and patient safety situations.
16	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey
<i>Others – include descriptions of types of programs</i>	In addition to previous surveys, we now include website resources such as sample forms and letters, Risk Resource Guidelines, Two-Minute videos, podcasts, and other material.
17	
<i>Self-study programs and/or self-assessments</i>	To our self-study programs (which are all fee-based) we have added one general-use free risk management presentation and one for seminar registrants who were unable to attend.
<i>Seminars</i>	We entered into a contract with Western Litigation Risk Management to provide a more expansive array of RM topics and to provide CME credits as an additional incentive towards provider participation.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.
18	
<i>Self-study programs and/or self-assessments</i>	The company offers an extensive online curriculum of patient safety and risk management educations. Each education course is accredited for continuing medical education (CME) and course credits are issued upon successful completion (80% passing score required). As discussed under question 5 below, members receive a 5% premium discount after successful completion of various risk management courses. Members are informed of these educational offerings in a variety of ways including email blasts, notes in periodical publications and a direct letter on subject sent to Nevada members.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.
19	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.

<i>20</i>	
<i>Self-study programs and/or self-assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Seminars</i>	Nothing has changed from our response to the 2013 survey.
<i>Clinical audits and/or site assessments</i>	Nothing has changed from our response to the 2013 survey.
<i>Others – include descriptions of types of programs</i>	Nothing has changed from our response to the 2013 survey.

Question 3: Are programs available to all policyholders? Describe which programs, if any, require policyholders to make any kind of payment, and which, if any, are available without charge.

SPECIAL INSTRUCTIONS:

If your company is new to the medical professional liability insurance market in Nevada and did not complete the 2013 survey: Please provide a comprehensive reply to question 3.

If your company did complete the 2013 survey and nothing substantial has changed since the company’s completion of the 2013 survey, with respect to the risk-management activities offered by your company: You may respond with the following statement: “Nothing has changed from our response to the 2013 survey.”

<u>Company ID</u>	<u>Company Response</u>
1	All programs are available to all members, without charge.
2	Nothing has changed from our response to the 2013 survey.
3	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
4	Nothing has changed from our response to the 2013 survey.
5	Nothing has changed from our response to the 2013 survey.
6	Nothing has changed from our response to the 2013 survey.
7	Nothing has changed from our response to the 2013 survey.
8	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
9	All programs are available to all policyholders free of charge.
10	All programs are available to all policyholders free of charge.
11	Nothing has changed from our response to the 2013 survey.
12	Nothing has changed from our response to the 2013 survey.
13	Nothing has changed from our response to the 2013 survey.
14	Nothing has changed from our response to the 2013 survey.
15	Nothing has changed from our response to the 2013 survey.
16	Nothing has changed from our response to the 2013 survey.
17	Nothing has changed from our response to the 2013 survey.
18	Nothing has changed from our response to the 2013 survey.
19	Nothing has changed from our response to the 2013 survey.
20	Nothing has changed from our response to the 2013 survey.

Question 4: Is participation ever mandatory? If so, under what circumstances is it mandatory?

SPECIAL INSTRUCTIONS:

If your company is new to the medical professional liability insurance market in Nevada and did not complete the 2013 survey: Please provide a comprehensive reply to question 4.

If your company did complete the 2013 survey and nothing substantial has changed since the company’s completion of the 2013 survey, with respect to the risk-management activities offered by your company: You may respond with the following statement: “Nothing has changed from our response to the 2013 survey.”

<u>Company ID</u>	<u>Company Response</u>
1	Participation was not mandatory, but expected, in 2014.
2	Nothing has changed from our response to the 2013 survey.
3	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
4	Nothing has changed from our response to the 2013 survey.
5	Nothing has changed from our response to the 2013 survey.
6	Nothing has changed from our response to the 2013 survey.
7	Nothing has changed from our response to the 2013 survey.
8	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
9	Participation in risk management programs is encouraged, but it is not mandatory except for doctors who are in our Secure Protection Program. In 2014 we had 16 insureds in this program nationwide, one of which was based in Nevada.
10	Participation in risk management programs is encouraged, but it is not mandatory except for doctors who are in our Secure Protection Program. In 2014 we had 16 insureds in this program nationwide, one of which was based in Nevada.
11	Nothing has changed from our response to the 2013 survey.
12	Nothing has changed from our response to the 2013 survey.
13	Nothing has changed from our response to the 2013 survey.
14	Nothing has changed from our response to the 2013 survey.
15	Nothing has changed from our response to the 2013 survey.
16	Nothing has changed from our response to the 2013 survey.
17	Nothing has changed from our response to the 2013 survey.
18	Nothing has changed from our response to the 2013 survey.
19	Nothing has changed from our response to the 2013 survey.
20	Nothing has changed from our response to the 2013 survey.

Question 5: How much risk-management premium credit is offered? Please specify premium credit by risk-management activity. If possible, specify premium credit by risk-management activity in accordance with the categories of risk management programs listed in Question 2.

SPECIAL INSTRUCTIONS:

If your company is new to the medical professional liability insurance market in Nevada and did not complete the 2013 survey: Please provide a comprehensive reply to question 5.

If your company did complete the 2013 survey and nothing substantial has changed since the company’s completion of the 2013 survey, with respect to the risk-management activities offered by your company: You may respond with the following statement: “Nothing has changed from our response to the 2013 survey.”

<u>Company ID</u>	<u>Company Response</u>
1	No premium credit was offered in 2014 for participation in risk management activities.
2	Nothing has changed from our response to the 2013 survey.
3	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
4	Nothing has changed from our response to the 2013 survey.
5	10% credit if course is completed within 12 months.
6	Nothing has changed from our response to the 2013 survey.
7	Nothing has changed from our response to the 2013 survey.
8	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
9	A 5% loss prevention premium discount is the maximum credit awarded for participation in risk management programs. Participants who attend our live seminars receive a 5% discount. Our online offerings provide 1% discount for every 1 CME credit earned, up to 5%.
10	A 5% loss prevention premium discount is the maximum credit awarded for participation in risk management programs. Participants who attend our live seminars receive a 5% discount. Our online offerings provide 1% discount for every 1 CME credit earned, up to 5%.
11	Nothing has changed from our response to the 2013 survey.
12	Nothing has changed from our response to the 2013 survey.
13	Nothing has changed from our response to the 2013 survey.
14	Nothing has changed from our response to the 2013 survey.
15	5% for completing an approved online Risk Management Course or attending a company presented seminar.
16	In addition to previous surveys, we now offer credit for three live LPS (loss preventions seminars) and three practice manager seminars are provided in addition to the online program, up to a maximum of 12%.
17	Nothing has changed from our response to the 2013 survey.
18	A 5% risk management premium discount is offered for each Named Insured on the policy that has successfully completed a minimum of two hours in a the company CME-accredited course(s) or completed any other course approved by the company no earlier than 12 months but no later than 60 days prior to the renewal effective date. This risk management discount does NOT apply to: <ul style="list-style-type: none"> • Ancillary healthcare providers (e.g. Physician Assistant, Certified Nurse Practitioner, etc.); • Surgicenters; • “Slotted” healthcare professionals. A letter is sent to Nevada policyholders reminding them of the opportunity to complete the courses to receive a 5% risk management premium discount on their next renewal, subject to the parameters listed above.
19	Nothing has changed from our response to the 2013 survey.
20	Nothing has changed from our response to the 2013 survey.

Question 6: Is the amount of risk-management credit based on the insured’s loss experience? If so, please explain any modifications or adjustments made to a risk-management credit on the basis of the insured’s frequency and/or severity of losses.

SPECIAL INSTRUCTIONS:

If your company is new to the medical professional liability insurance market in Nevada and did not complete the 2013 survey: Please provide a comprehensive reply to question 6.

If your company did complete the 2013 survey and nothing substantial has changed since the company’s completion of the 2013 survey, with respect to the risk-management activities offered by your company: You may respond with the following statement: “Nothing has changed from our response to the 2013 survey.”

<u>Company ID</u>	<u>Company Response</u>
1	Not applicable.
2	Nothing has changed from our response to the 2013 survey.
3	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
4	Nothing has changed from our response to the 2013 survey.
5	Nothing has changed from our response to the 2013 survey.
6	Nothing has changed from our response to the 2013 survey.
7	Nothing has changed from our response to the 2013 survey.
8	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
9	No.
10	No.
11	Nothing has changed from our response to the 2013 survey.
12	nothing has changed from our response to the 2013 survey.
13	Nothing has changed from our response to the 2013 survey.
14	Nothing has changed from our response to the 2013 survey.
15	Nothing has changed from our response to the 2013 survey.
16	Nothing has changed from our response to the 2013 survey.
17	Nothing has changed from our response to the 2013 survey.
18	Nothing has changed from our response to the 2013 survey.
19	Nothing has changed from our response to the 2013 survey.
20	Nothing has changed from our response to the 2013 survey.

Question 7: If participation in your company’s risk-management program is voluntary, what percentage of policyholders request to participate? Provide separate percentages for individual programs, if possible.

SPECIAL INSTRUCTIONS:

If your company is new to the medical professional liability insurance market in Nevada and did not complete the 2013 survey: Please provide a comprehensive reply to question 7.

If your company did complete the 2013 survey and nothing substantial has changed since the company’s completion of the 2013 survey, with respect to the risk-management activities offered by your company: You may respond with the following statement: “Nothing has changed from our response to the 2013 survey.”

<u>Company ID</u>	<u>Company Response</u>
1	Approximately 65-75% participation is achieved.
2	Nothing has changed from our response to the 2013 survey.
3	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
4	Nothing has changed from our response to the 2013 survey.
5	Nothing has changed from our response to the 2013 survey.
6	Nothing has changed from our response to the 2013 survey.
7	Nothing has changed from our response to the 2013 survey.
8	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
9	19% of our overall pool of policyholders participated in our risk management program in 2014. In Nevada exclusively, 23% of the company policyholders participated.
10	19% of our overall pool of policyholders participated in our risk management program in 2014. In Nevada exclusively, 41% of the company policyholders participated.
11	Nothing has changed from our response to the 2013 survey.
12	Nothing has changed from our response to the 2013 survey.
13	Nothing has changed from our response to the 2013 survey.
14	The company’s risk management opportunities are voluntary. As of December 2014, the company had more than 700 policyholders in Nevada. Approximately 26 percent of these policyholders have a risk management premium credit.
15	33% of our insureds participate in Risk Management Education activities.
16	20% participation.
17	Nothing has changed from our response to the 2013 survey.
18	Nothing has changed from our response to the 2013 survey.
19	Nothing has changed from our response to the 2013 survey.
20	Nothing has changed from our response to the 2013 survey.

Question 9: Describe how you monitor the effectiveness of your risk-management programs. Discuss any program-specific monitoring techniques.

SPECIAL INSTRUCTIONS:

If your company is new to the medical professional liability insurance market in Nevada and did not complete the 2013 survey: Please provide a comprehensive reply to question 9.

If your company did complete the 2013 survey and nothing substantial has changed since the company’s completion of the 2013 survey, with respect to the risk-management activities offered by your company: You may respond with the following statement: “Nothing has changed from our response to the 2013 survey.”

<u>Company ID</u>	<u>Company Response</u>
1	Monitored through participation and later with selective follow-up surveys of members.
2	Nothing has changed from our response to the 2013 survey.
3	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
4	Nothing has changed from our response to the 2013 survey.
5	Nothing has changed from our response to the 2013 survey.
6	Nothing has changed from our response to the 2013 survey.
7	Nothing has changed from our response to the 2013 survey.
8	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
9	It is inherently difficult to prove the efficacy of risk management programs (i.e., How does one prove a medical incident prevention?). We do, however, monitor the effectiveness of our risk management programs via post-activity evaluation, specifically physician self-reported intent to apply the learning principles and risk management best practices offered through the educational activities. This is true of our self-study courses and our live seminars.
10	It is inherently difficult to prove the efficacy of risk management programs (i.e., How does one prove a medical incident prevention?). We do, however, monitor the effectiveness of our risk management programs via post-activity evaluation, specifically physician self-reported intent to apply the learning principles and risk management best practices offered through the educational activities. This is true of our self-study courses and our live seminars.
11	Nothing has changed from our response to the 2013 survey.
12	Nothing has changed from our response to the 2013 survey.
13	Nothing has changed from our response to the 2013 survey.
14	Nothing has changed from our response to the 2013 survey.
15	Nothing has changed from our response to the 2013 survey.
16	Nothing has changed from our response to the 2013 survey.
17	Nothing has changed from our response to the 2013 survey.
18	Nothing has changed from our response to the 2013 survey.
19	Nothing has changed from our response to the 2013 survey.
20	Nothing has changed from our response to the 2013 survey.

Question 10: Please discuss the impact of the risk-management programs for the time period covered by the data in Question 8. If the impact of any individual program can be separately identified, please discuss such impact. If participation was mandatory for any providers, separately discuss the impact of the risk-management programs for those providers.

NOTE: A new response to this question is required for 2014, even if a 2013 response was provided.

<u>Company ID</u>	<u>Company Response</u>
1	No mandatory participation required.
2	We do not have the ability to identify the impact of risk management on our insured.
3	Although the company is licensed to write Medical Professional Liability insurance, to date the company has written no Medical Professional Liability business.
4	The company risk management programs are not mandatory. As stated in question 9 it is difficult to assess the impact of programs. We believe the company programs that are offered will help the insured the company physicians reduce risk and improve patient safety. Measuring the change is very difficult.
5	This is not applicable as none of the physicians insured in Nevada participated in the risk management programs.
6	[Company has] not written business required to be reported for this filing in 2014.
7	The impact of risk management programs is monitored through claims experience. Participation in RM programs is not mandatory, but is highly encouraged and personalized to the related organization.
8	The company did not write any medical professional liability insurance for physicians and surgeons in Nevada in 2014.
9	23% of Nevada the company's policyholders participated in our risk management program compared to 19% of policyholders nationwide. This indicates to us that the risk management information and strategies presented through our program are applicable and valuable to this segment of our policyholder community. In attestation and evaluation forms, 83% of NV policyholders who participated in the risk management program rated the CME material as applicable to their practice settings. 86% of the same group of policyholders indicated that they plan to implement or continue to utilize the suggested risk management strategies.
10	41% of Nevada the company's policyholders participated in our risk management program compared to 19% of policyholders nationwide. This indicates to us that the risk management information and strategies presented through our program are applicable and valuable to this segment of our policyholder community. In attestation and evaluation forms, 83% of NV policyholders who participated in the risk management program rated the CME material as applicable to their practice settings. 86% of the same group of policyholders indicated that they plan to implement or continue to utilize the suggested risk management strategies.
11	In 2014, the company did not issue any individual professional liability policies to practitioners licensed pursuant to chapter 630 or 633 of NRS, and subject to this report.
12	During 2014, 4 Nevada insureds utilized the RMCS service to resolve 12 risk management issues. A risk management self-audit tool was mailed to all Nevada insureds in December 2014.
13	The impact of our risk management programs is positive as reflected in the claim data.
14	The company's risk management programs provide insureds with (a) a core level of understanding of risk management principles, (b) tools to build more effective relationships with patients and members of the healthcare team, (c) strategies for proactively identifying and responding to risk issues in various practice settings, and (d) data analytics to better understand specific liability exposures and trends in an effort to purposefully focus patient safety and risk-reduction efforts and initiatives. The company monitors the effectiveness of its risk management programs by comparing the experience of insureds who participate in risk management education with those who do not participate. Results show that participants have fewer reported claims and paid claims than those who do not participate. These differences are material (statistically valid), and the company has filed credits that reflect these savings. The company shares with its insureds data that show the difference that risk management makes in the number of claims filed and in the successful defense of claims. In 2014, doctors gave the company's risk management programs an overall satisfaction rating of 98 percent. As of December 31, 2014, no company policyholder in Nevada has been required to complete a risk management program as a condition of renewal.

15	<p>The impact of our risk management programs is evaluated by analyzing the reported claims where indemnity has been paid or is still reserved. This review of claims against Nevada physician policy holders is summarized below:</p> <table border="1" data-bbox="397 296 1382 701"> <thead> <tr> <th>Date Reported</th> <th>Number of Claims</th> <th>Indemnity Reserves</th> <th>Indemnity Paid</th> </tr> </thead> <tbody> <tr><td>2003</td><td>1</td><td>\$0</td><td>\$110,000</td></tr> <tr><td>2004</td><td>7</td><td>\$0</td><td>\$972,348</td></tr> <tr><td>2005</td><td>8</td><td>\$0</td><td>\$190,000</td></tr> <tr><td>2006</td><td>6</td><td>\$0</td><td>\$1,010,000</td></tr> <tr><td>2007</td><td>12</td><td>\$175,000</td><td>\$1,762,500</td></tr> <tr><td>2008</td><td>12</td><td>\$0</td><td>\$1,090,000</td></tr> <tr><td>2009</td><td>22</td><td>\$200,000</td><td>\$3,890,000</td></tr> <tr><td>2010</td><td>9</td><td>\$0</td><td>\$37,500</td></tr> <tr><td>2011</td><td>3</td><td>\$0</td><td>\$0</td></tr> <tr><td>2012</td><td>11</td><td>\$450,000</td><td>\$299,999</td></tr> <tr><td>2013</td><td>11</td><td>\$940,000</td><td>\$0</td></tr> <tr><td>2014</td><td>9</td><td>\$290,000</td><td>\$0</td></tr> </tbody> </table> <p>Because it can take three to five years for a claim to be reported, the data for more recent years are preliminary. While most of these physician-related claims allege failures or delays in diagnosis or treatment, there was no overall pattern or trend as to type of diagnosis. The frequency of claims was fairly consistent from 2004 to 2006, and then increased from 2007 to 2009. This tracks with the increase in the number of insured physicians during the same period. Frequency has remained steady since then. Severity has increased during this time, as reflected in the total indemnity reserves and payments. This is partly due to the increase in the number of policyholders, and reflects the national trend of higher indemnity awards. Data from 2011 through 2014 are too undeveloped at this point to draw conclusions. The CME programs were first utilized by Nevada insured physicians in August, 2004. It is important to note that the company has responded to those physician claims alleging failures or delays in diagnosis or treatment. We identified and contracted with a new CME vendor in 2011 that offered more diagnosis-related courses for physicians, specifically in the areas where the company has noted claims. In 2012, the vendor also added eleven new diagnosis-related courses. We believe will this expanded curriculum will impact positively the physician claims. In addition, at our request, the vendor added two additional ethics courses in 2013. Two more ethics courses are being developed for use in 2014. As noted above, the data for recent years are still very preliminary and we will continue to monitor these trends; however, it seems initially that the company's risk management programs are having a positive impact on frequency while keeping severity consistent with national trends.</p>	Date Reported	Number of Claims	Indemnity Reserves	Indemnity Paid	2003	1	\$0	\$110,000	2004	7	\$0	\$972,348	2005	8	\$0	\$190,000	2006	6	\$0	\$1,010,000	2007	12	\$175,000	\$1,762,500	2008	12	\$0	\$1,090,000	2009	22	\$200,000	\$3,890,000	2010	9	\$0	\$37,500	2011	3	\$0	\$0	2012	11	\$450,000	\$299,999	2013	11	\$940,000	\$0	2014	9	\$290,000	\$0
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16	<p>Twenty percent of our active NV PL policyholders participated in our on-line risk management programs and received a 5% premium discount during this reporting period. Program evaluations are favorable and participants like the accessibility of online programs. Many of the participants felt the courses were organized and contain pertinent information and the 'real-world' case studies illustrate the importance of incorporating risk mitigating strategies into their daily practice. We continue to review and monitor NV claims activity for trends for future programming.</p>																																																				
17	<p>We have had no mandatory participation requirements. Because this is a higher severity, low frequency line it is difficult to measure the risk management impact on any one risk but overall frequency trend appears favorable.</p>																																																				
18	<p>As mentioned previously, the impact of patient safety and risk management approaches cannot be determined immediately following the completion of the program due to legal system delays. However, the Patient Safety Department of the company monitors both the effectiveness and impact of our programs throughout the policy period and when claims are initially reported. Tangible results of our impact can be realized by the evaluation of claim volume and type over time following our intervention and regular assessments. It should be noted that more immediate impact of improved patient safety and risk management techniques can be seen through fewer clinical incidents, near misses and other undesirable clinical outcomes that may or may not materialize into a claim.</p>																																																				
19	<p>There were no changes since the last report and therefore no impact to risk management programs.</p>																																																				
20	<p>It is difficult to assess the impact of the risk-management program due to the low volume of participation by Nevada insureds.</p>																																																				