

**Frequently Asked Questions
Regarding the
Wyoming Medical Malpractice Reporting Forms**

The medical malpractice reporting forms are included on the annual property and casualty annual report form check list. Do all property and casualty companies have to file the reports?

No. Under Wyoming law, any insurer licensed to sell property and casualty insurance is authorized to sell malpractice insurance. Thus, the reporting forms are included on the property and casualty annual report form check list. **The reports are required only if the insurer has written premium for a medical malpractice policy.**

What is the definition of a health care provider?

The Department interprets "health care provider" broadly as no specific definition is provided for in the statute. The Department requires a report for claims against any person or entity that provides health care. This includes, but is not limited to: physicians, surgeons, nurses, hospitals, pharmacies, pharmacists, chiropractors, acupuncturists, podiatrists and nursing homes.

If no claims have been reported to the insurer, is the insurer required to file the Wyoming Health Care Malpractice Report Form for Individual Claims showing no claims?

No, the insurer is not required to file the Wyoming Health Care Malpractice Report Form for Individual Claims if there are no claims. The Wyoming Health Care Malpractice Report Form for General, Aggregate Information requires an insurer to report the number of claims. If no claims are reported, the individual claim form is not required. The Aggregate Reporting Form is required if there are no claims but premium has been written.

Does an insurer have to file a Wyoming Health Care Malpractice Report Form for Individual Claims for every claim?

Yes, an insurer required to report under Wyo. Stat. § 26-3-124 must file a Wyoming Health Care Malpractice Report Form for Individual Claims for **each** claim open during the relevant reporting period. The requirement is not limited to closed claims. In addition, the insurer is required to file an updated report on or before March 1 of each year as to the status of all claims previously reported but not yet closed during the previous reporting year.

Will the information be treated as "confidential" by the Department?

Yes, Wyo. Stat. § 26-3-124(b) states that "any information provided to the commissioner [in these reports] shall be confidential, including the names of health care providers and any records pertaining thereto." The commissioner will summarize the information on the reports in his or her annual report to the governor. The statute authorizes the commissioner to use information in the aggregate if necessary to protect the identity of health care providers.

Do surplus lines and RRG's have to file the reports?

Yes, Wyoming Statute § 26-3-124 provides that "**any insurer** writing coverage for health care malpractice in this state" (emphasis added) shall file the reports required by that statute. In enacting the statute, the legislature did not limit the application to authorized insurers. Therefore, the Department is requiring all insurers, including risk retention groups and surplus lines insurers, to file the reports.

Should Report Forms for Individual Claims be reported as they are closed?

No. Report forms for individual claims shall be collectively filed with the Aggregate Report after January 1 and prior to March 1 of each year. Forms arriving prior to January 1 will be returned.

Do you require updated Individual Reports even if a claim hasn't been closed from previous years?

Yes, the Individual Reporting form is required for any claims that are opened in the previous reporting year and a status report on any claim reported as still pending in any previous years.

WYOMING HEALTH CARE MALPRACTICE REPORT FORM FOR GENERAL, AGGREGATE INFORMATION

Pursuant to W.S. § 26-3-124, of the Wyoming Insurance Code, any insurer writing coverage for health care malpractice in the state of Wyoming is required to complete an Aggregate Report and supporting Individual Claim Report(s) of all claims against health care providers. Failure to comply may result in administrative action.

Instructions: Reports for the immediately preceding calendar year ending December 31 are due to the Department of Insurance by **March 1** of each year. A single Aggregate Report and all supporting Individual Claim Report(s) must be filed contemporaneously. **Reports filed before January 1 and incomplete reports will be returned.**

In addition to this report, if there were claims open during the preceding calendar year, a Malpractice Report Form for Individual Claims must also be filed for each claim, as well as a status report on any claim reported as still pending in any previous years.

Submit completed report to: Wyoming Insurance Department, 106 East 6th Avenue, Cheyenne, WY 82001 or by e-mail to kristi.almajose@wyo.gov. For questions, contact Becky McFarland at (307) 777-7401

Insurer: _____ NAIC No.: _____

Date: _____

Provide the following general information pursuant to Wyo. Stat. § 26-3-124(a)(i),(ii) and (iii):

- Number of insureds by profession of all health care providers insured for professional liability. Attach additional sheets as necessary.

Number	Profession	Number	Profession
_____	Physician, Surgeon & Osteopaths	_____	Clinic/Corporation
_____	Hospital	_____	Ambulance Service
_____	Physician's Assistant, Nurse Practitioner	_____	Emergency Medical Technician
_____	Nurse	_____	Laboratory
_____	Nursing Home	_____	Dietician/Nutritionist
_____	Dentist	_____	Podiatrist
_____	Pharmacy	_____	Psychologist/Psychiatrist
_____	Pharmacist	_____	Physical/Rehabilitative Therapist
_____	Optometrist	_____	Respiratory Therapist
_____	Chiropractor	_____	Other (identify)

- _____ Total number of claims for which a reserve has been established, including those claims in which no suit was filed. Include the number of claims opened in the previous calendar year and all claims remaining opened from previous reporting periods.
- _____ Total awards and settlements on health care professional liability claims, including the costs of defense.

Report Information

Person Responsible for Report Name	Title
Phone Number	Signature of Person Responsible for Report
E-mail Address	

Wyoming Health Care Malpractice Report Form for Individual Claims

This information is required in accordance with Wyo. Stat. § 26-3-124 and is due by March 1 of each year. Reports filed prior to January 1 and incomplete reports will be returned. File one individual report for each claim, including all initial, pending, or closed claims, with the General Aggregate Report.

See Instruction Pages	Please Type
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- Claim Not Previously Reported
- Status Report for Previously Reported Claim Remaining Open From All Prior Years

1. Name of Insurer			2. NAIC Co. Code		
3. Insurer Claim No.	4. Date of Injury (Loss)	5. Date Reported		6. Policy Limits \$	
7. Injured Person's Age	8. City of Injury	9. Insured's Profession Code	10. Insured's Specialty Code		
11. Malpractice Code	12. Injury Code	13. Appealed Claim			
14. Brief description of nature & substance of claim					

COMPLETE FOLLOWING SECTION ONLY UPON FINAL DISPOSITION OF CLAIM
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15. Date Claim was Closed						
16. Claim Disposition Code _____				17. Court Code _____		
18. Amounts Paid						
	Economic	Non-Economic	Defense Attorney Fees, Costs & Expenses	Medical & Prescription Costs	Unspecified	Total
Insurer	\$	\$	\$	\$	\$	\$
Insured (Defendant)	\$	\$	\$	\$	\$	\$
Other (Explain)	\$	\$	\$	\$	\$	\$
Total of All Payments	\$	\$	\$	\$	\$	\$
Additional Comments:						

Report Information

Person Responsible for Report Name	Title
Phone Number	Signature of Person Responsible for Report
E-mail Address	

Instructions for Wyoming Malpractice Report Form

1. **Name of Insurer:** Enter name of company reporting this claim.
2. **NAIC Co. Code:** National Association of Insurance Commissioner's code assigned to all insurance companies.
3. **Insurer Claim No.:** Assign a distinguishing claim file identification number to each claim report. This number must be sufficient identification to enable tracking of a particular claim from the initial report through the time it is finally closed.
4. **Policy Limits:** Enter amount of policy limits.
5. **Date of Injury (Loss):** Date alleged injury occurred.
6. **Date Reported to Insurer:** Date when claim was first reported to insurer and claim opened.
7. **Injured Person's Age:** List Age of injured party
8. **City or Town:** City or town where injury occurred.

9. **Insured's Profession Code:** Please list one of the following codes:

PC100	Physician, Surgeon and Osteopaths
PC105	Hospital
PC110	Physician's Assistant, Nurse Practitioner
PC115	Nurse
PC120	Nursing Home
PC125	Dentist
PC130	Pharmacy
PC135	Pharmacist
PC140	Optometrist
PC145	Chiropractor
PC150	Clinic/Corporation
PC155	Ambulance Service
PC160	Emergency Medical Technician
PC165	Laboratory
PC170	Dietician/Nutritionist
PC175	Podiatrist
PC180	Psychologist/Psychiatrist
PC185	Physical/Rehabilitative Therapist
PC190	Other (identify)

10. **Insured's Specialty Code:** Please list one or more of the following codes:

SP200	Internal Medicine
SP205	Family Physician/General Practitioner
SP210	Emergency Medicine
SP215	Obstetrics/Gynecology
SP220	Surgery (Neurosurgeon)
SP225	Surgery (Orthopedic)
SP230	Surgery (Plastic)
SP235	Surgery (General/Other)
SP240	Radiology/Oncology
SP245	Anesthesiology
SP250	Neurology
SP255	Cardiovascular Disease
SP260	Pulmonary Diseases
SP265	Gastroenterology
SP270	Pediatrics
SP275	Urology
SP280	Ophthalmology
SP285	Dermatology
SP290	Allergy & immunology
SP295	Psychiatry
SP300	Other (identify)

11. **Malpractice Code:** List one or more of the following:

MP	Mistake in Performance, Improperly Performed
DP	Delayed
NP	Not Performed
WP	Wrong Procedure, Procedure Not Indicated
BP	Better Alternative Available
OP	Other Procedural Errors, Including erroneous prescription of Medication
FD	Failure to Diagnose
DD	Delayed Diagnosis
WD	Wrong Diagnosis
OD	Other Diagnostic Errors
IO	Failure to Inform, Lack of Informed Consent
SO	Lack of Supervision
PO	Failure to Prevent Harm
OO	Other Cause(s) not Listed Above

12. **Injury Code:** List one or more of the following:

DTH	Death (e.g., fetal death, death of patient)
NPh	Non-Physical (e.g., abandonment, breach of contract, deposition, emotional distress, defamation, negligent referral, subrogation, loss of consortium, sexual misconduct)
BnD	Bone Damage (e.g., fracture)
Bth	Birth Injury (e.g., complications, brain damage to new born, abortion problems)
Crc	Circulatory Injury (e.g., heart failure, hemorrhage)
Dis	Disease (e.g., AIDS, cancer)
DLE	Diminished Life Expectancy (e.g., usually from a failure to diagnose)
Dsf	Disfigurement (e.g., scars)
Drm	Dermal Injury (e.g., burns)
Dnt	Dental Injury (e.g., broken tooth)
DLU	Diminished Use/Loss of Use (e.g., disablement of a limb, but not loss of the limb)
FnB	Foreign Body (e.g., left after surgery)
Inf	Infection (e.g., usually resulting from surgery)
LLO	Loss of Limb/Organ (e.g., amputation, removal)
MLI	Muscular/Limb Injury (e.g. atrophy)
Nrv	Nervous System (e.g., paralysis, nerve damage)
Org	Organ Injury (e.g., perforation, rupture)
Opt	Optical/Sensory Injury (e.g., vision, hearing)
Pan	Pain
Prl	Prolonged (e.g., additional care, delayed recovery)
Rpr	Reproductive System (e.g., infertility)
SdE	Side Effects (e.g., reactions)
Wrg	Wrong Organ Removed, Injury Caused by Unnecessary Treatment
Note:	If Other Injury, select one of the above codes that has the closest match

13. **Appealed Claim:** Is the Court's prior decision being appealed? Answer yes or no.

14. **Brief description of nature & substance of claim**

15. **Date Claim was Closed?** Date claim was finally disposed of.

16. **Disposition Code:**

1	Settled by parties
2	Disposed of by a court (including dismissals)
3	Disposed of by binding arbitration
4	Other (dismissal, denial of coverage, failure to name in lawsuit or inactivity)

17. **Court Code:**

0	No court proceedings were initiated
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	Judgment for plaintiff after appeal
8	Judgment for defendant after appeal
9	All others (including dismissals & claims settled after initiation of court proceedings)

18. **Amounts paid:** Specify the total amount paid by insurer, insured or other (may be a combination of both, or partially from other co-defendants) between medical and prescription costs; economic damages other than medical; noneconomic damages (i.e. pain and suffering & other punitive damages); attorney fees, costs and expenses; any other costs that do not fit those categories and, total amount paid on claim (column must add up).