20 de diciembre de 2013

CARTA NORMATIVA NÚMERO: CN-2013-166-AF

A TODOS LOS ASEGURADORES AUTORIZADOS A TRAMITAR SEGUROS DE PROPIEDAD Y CONTINGENCIA EN PUERTO RICO

INFORME ESTADÍSTICO SOBRE EL SEGURO DE RESPONSABILIDAD PROFESIONAL MEDICO-HOSPITALARIO EN PUERTO RICO

Estimados señores y señoras:

De conformidad con lo dispuesto en la Carta Circular AE-I-5-1123-88 de 15 de noviembre de 1988, enmendada por la Carta Circular AM-I-1-1216-91 de 8 de febrero de 1991, todo asegurador que esté tramitando el seguro de responsabilidad profesional médico-hospitalario o haya tramitado el mismo en el pasado, debe presentar semestralmente ante esta Oficina, el informe estadístico sobre el seguro de responsabilidad profesional médico-hospitalario y copia de las resoluciones judiciales, adjudicaciones y transacciones judiciales y extrajudiciales. El informe deberá ser presentado en o antes del último día del mes siguiente a la terminación del semestre al que corresponda el informe.

La presentación debe incluir:

1. Los informes semestrales se presentarán en original, tres copias electrónicas en un CD utilizando Microsoft Excel 97-2003.

2. Cada copia de los informes semestrales se presentarán en un CD separados para ser remitidos a las entidades correspondientes.

3. Los informes deberán presentarse en las formas previstas por esta Oficina. Todos los aseguradores deben llenar los cinco (5) formularios incluidos. El formulario AM-I-12 (Ed 11-13) es un informe de síntesis de la información contenida en los formularios AM-I-9 (Ed 11-13), AM-I-10 (Ed 11-13) y AM-I-11 (Ed 11-13). El formulario I-AM-10 ADD (Ed 11-13) es un suplemento para la forma AM-I-10 (Ed 11-13). El número de reclamaciones reportado en la Forma AM -I- 10 ADD (Ed 11-13) deben ser idénticos a los reportados en el Formulario I-AM-10 (Ed 11-13). Se deberán proveer datos para cada reclamación cerrada, ya sea con o sin pago.

4. Los cinco formularios que componen el informe son las reclamaciones de responsabilidad del hospital separado de médicos, cirujanos y dentistas. Favor de indicar con una marca de verificación en el encabezado de cada formulario si el informe corresponde a reclamaciones de los médicos, cirujanos y dentistas, o a reclamaciones de responsabilidad del hospital.

5. Si no hay transacciones que informar, el formulario debe contener lo siguiente: "Ninguna reclamación informada" o "No hay reclamación pendiente" o "No hubo reclamaciones cerradas", según sea el caso.

6. Los aseguradores que manejan pocas reclamaciones favor de utilizar la página del formulario que prevé para la firma de un funcionario autorizado.

7. Los aseguradores que manejan muchas reclamaciones pueden utilizar una o más copias del formulario y una copia de página del formulario que prevé para la firma de un funcionario autorizado. En dicho caso las páginas deben estar enumeradas.

8. Las reclamaciones a ser incluidas en el informe debe ser solamente las reclamaciones cuyo demandado posee una cubierta de seguros de responsabilidad profesional médico-hospitalaria con el Asegurador.

9. Bajo los formularios AM-I-9 (Ed 11-13), AM-I-10 (Ed 11-13) y AM-I-11 (Ed 11-13), los totales deben ser provisto en la última página. Esto incluye el número total de Reclamaciones, Monto de la Reserva y la Cantidad Reclamada. El Formulario AM-1-10 (Ed 11-13) debe incluir el total de la Cantidad Pagada, tanto para pérdidas económicas y no económicas.

10. La evidencia a ser incluida con las reclamaciones cerradas deberá ser identificadas con el número de reclamación según fueron listados en el formulario AM-I-11 (Ed. 11-13).

Todo informe provisto en una forma o formato diferente a los aquí requeridos, será considerado por esta Oficina como no presentado.

Se requiere, por la presente, estricto cumplimiento con las disposiciones de esta Carta Normativa.

Cordialmente,

Ángela Weyne-Roig
Comisionada de Seguros

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

Report for:[1]
[ ] Physicians, Surgeons & Dentists
[ ] Hospitals

REPORT OF PROFESSIONAL LIABILITY CLAIMS REOPENED
DURING THE SEMESTER ENDING ON _____ [2]

Item No.	Policy Number	Claim No.	Type of Policy	Effective Date	Expiration Date	Date of Medical Incident	Date Claim Was Closed	Date Claim Was Reopened	Limits of Liability	Amount of Reserve	Specialty of Insured	Amount Claimed	Name & Address of the Insured
Total of Claims													

_____
Date Report is Filed

_____
Name of Insurer

[1] Provide two separate reports, one for Physicians, Surgeons & Dentist claims, and another one for Hospital claims. Identify it on the heading.
[2] List first all claims on primary policies and provide a subtotal for them, then list all claims on excess policies, if any, providing also a subtotal.

_____
Signature of Authorized Official

_____
Name and Position of Official Signing Above

Form No. AM-I-9 (Ed 11-13)

OFFICE OF THE COMMISSIONER OF INSURANCE
COMMONWEALTH OF PUERTO RICO

Report for:[1]
[ ] Physicians, Surgeons & Dentists
[ ] Hospitals

REPORT OF PROFESSIONAL LIABILITY CLAIMS FIRST RECEIVED
DURING THE SEMESTER ENDING ON _____[2]

Item No.	Policy Number	Claim No.	Type of Policy	Effective Date	Expiration Date	Date of Medical Incident	Date Claim Was Filed	Limits of Liability	Amount of Reserve	Specialty of Insured	Amount Claimed	Name & Address of the Insured
Total of Claims												

_____
Date Report is Filed

_____
Name of Insurer

[1] Provide two separate reports, one for Physicians, Surgeons & Dentist claims, and another one for Hospital claims. Identify it on the heading.
[2] List first all claims on primary policies and provide a subtotal for them, then list all claims on excess policies, if any, providing also a subtotal.

_____
Signature of Authorized Official

_____
Name and Position of Official Signing Above

Form No. AM-I-10 (Ed 11-13)

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

Report for:[1]
[ ] Physicians, Surgeons & Dentists
[ ] Hospitals

REPORT OF PROFESSIONAL LIABILITY CLAIMS FIRST RECEIVED
DURING THE SEMESTER ENDING ON _____ [2]

Item No.	Claim No.	Primary Insurer, If an Excess Claim	Brief Description of the Claims Informed in Form AM-I-10

_____
Date Report is Filed

_____
Name of Insurer

_____
Signature of Authorized Official

_____
Name and Position of Official Signing Above

[1] Provide two separate reports, one for Physicians, Surgeons & Dentist claims, and another one for Hospital claims. Identify it on the heading.
[2] List first all claims on primary policies and provide a subtotal for them, then list all claims on excess policies, if any, providing also a subtotal.

Form No. AM-I-10 ADD (Ed 11-13)

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

Report for:[1]
[ ] Physicians, Surgeons & Dentists
[ ] Hospitals

REPORT OF PROFESSIONAL LIABILITY CLAIMS OUTSTANDING FROM PREVIOUS SEMESTERS
AND OF CLAIMS CLOSED DURING THE SEMESTER ENDING ON _____[2]

OUTSTANDING CLAIMS AT THE END OF PREVIOUS SEMESTER[3]					CLOSED CLAIMS DURING THE SEMESTER								
Policy Number	Specialty of Insured	Claim No.	Date Claim Was First Filed	Amount of Reserve	Policy Number	Specialty of Insured	Claim No.	Date Claim Was First Filed	Amount Paid		Date Amount Was Paid	Allocated Loss Adjustment Expense (ALAE) Incurred[4]	
									Economic Losses	Non Economic Losses		Amount of Legal Fees	Others
Total of Claims					Total of Claims								

For Closed Claims provide: 1) Number of Court Resolutions Received _____, 2) Number of Judicial Awards _____, and 3) Number of Settlements Outside of Courts _____.
Please include with this report a copy of each of these documents.

_____
Name of Insurer

_____
Signature of Authorized Official

_____
Name and Position of Official Signing Above

_____
Date Report is Filed

[1] Provide two separate reports, one for Physicians, Surgeons & Dentist claims, and another one for Hospital claims. Identify it on the heading.
[2] List first all claims on primary policies and provide a subtotal for them, then list all claims on excess policies, if any, providing also a subtotal.
[3] The information on outstanding claims and on closed claims required in this form may be provided in separate forms.
[4] ALAE = Include total ALAE incurred since claim was filed on claims closed with payment and claims denied or closed without payments. Under others, include expenses paid for other than legal, such as those paid for expert witnesses or translators.

Form No. AM-I-11 (Ed 11-13)

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

REPORT CONTAINING A SUMMARY OF STATISTICAL DATA IN CONNECTION WITH PHYSICIANS, SURGEONS, DENTISTS AND HOSPITAL PROFESSIONAL LIABILITY CLAIMS DURING THE SEMESTER ENDING ON _____

Coverage		Numbers of Claims First Received	Amount Claimed	Numbers of Claims Reopened	Amount Claimed	Numbers of Claims Paid	Amount of Claims Paid		Allocated Loss Adjustment Expense (ALOE) Incurred [3]		Number of Claims Denied or Closed Without Payments	Allocated Loss Adjustment Expense (ALOE) Incurred [4]		Number of Outstanding Claims at End of Semester[5]	Reserve for Payment of Outstanding Claims
							Economic Losses[1]	Non Economic Losses[2]	Legal Fees	Others		Legal Fees	Others		
Hospitals	primary														
	excess														
Physicians	primary														
	excess														
Surgeons	primary														
	excess														
Dentists	primary														
	excess														

_____
Date Report is Filed

_____
Name of Insurer

_____
Signature of Authorized Official

_____
Name and Position Of Official Signing Above

[1] Economic losses means payment for: 1) loss of earnings, 2) medical & funeral expenses, and 3) property damage restoration expenses such as for prothesis.
[2] Non economic losses such as payments for pain & suffering, and loss of consortium.
[3] ALAE = Include total ALAE incurred since claim was filed on claims closed with payment. Under others, include expenses paid for other than legal, such as those paid for expert witnesses or translators.
[4] ALAE = Include total ALAE incurred since claim was filed on claims denied or closed without payments. Under others, include expenses paid for other than legal, such as those paid for expert witnesses or translators.
[5] Must be the result of the following formula:
Pending claims at end of previous semester + Number of claims first received + Number of claims reopened - (Claims Paid + Claims denied or closed without payments).

Form No. AM-1-12 (Ed 11-13)